

WESTMETRO HOME CONSORTIUM FY06-FY10 CONSOLIDATED PLAN

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WESTMETRO HOME CONSORTIUM HOUSING MARKET ANALYSIS

This section of the WestMetro HOME Consortium Consolidated Plan presents a regional analysis of the housing market based on data submitted by the 12 communities of the Consortium contained in their respective Consolidated Plans. As noted in the Consortium-wide needs assessment, it is notable that the member communities differ significantly in geographic area, population, governance, local capacity and resources.

DATA COLLECTION METHODOLOGY

The City of Newton Department of Planning and Community Development directed the process of collecting, analyzing and reporting data for the WestMetro HOME Consortium Consolidated Plan. Each participating community prepared its own housing market analysis and submitted it to the City, guided by a detailed outline of Consolidated Plan requirements. Information assembled by the participating communities was merged into a Consortium-wide profile, the results of which appear below.

HOUSING MARKET ANALYSIS

The housing market in the WestMetro regional area is strong. Housing sales volumes are high, and prices continue to escalate. The inventory of lower-priced, entry-level housing stock remains limited throughout the region. Fig. 1 shows the median sales price for a single-family home in 2003 for the Consortium communities, as well as the median sales price for condominium units within approximately the same time period.

Fig. 1: Median Sales Prices, Single-Family Homes and Condominiums

COMMUNITY	2003 MEDIAN SALES PRICE SINGLE-FAMILY HOME	MEDIAN SALES PRICE CONDOMINIUM
Bedford	\$445,000	\$508,000 (2002)
Belmont	\$644,500	\$343,000 (2003)
Brookline	\$850,000	\$392,500 (2003)
Framingham	\$324,500	\$160,000 (2003)
Lexington	\$620,000	\$400,000 (2003)
Lincoln	\$976,500 (2004)	\$385,000 (2004)
Natick	\$415,750 (2004)	\$209,000 (2004)
Needham	\$550,000	\$367,000 (2003)
Newton	\$665,000	\$430,000 (2003)
Sudbury	\$586,250	\$379,900 (2004)
Waltham	\$366,150	\$225,000 (2001)
Watertown	\$411,000	\$334,000 (2003)

The dramatic upward surge in housing prices becomes even clearer when one looks at the percentage increase in prices over time in the WestMetro communities. For example, Newton indicates in its Plan that:

The median sales prices of single-family homes and condominiums in Newton have increased rapidly in the last five years. From 1998 to 2004, median single-

family sales prices in Newton increased by approximately 74 percent, from \$397,000 to \$691,400. Condominium prices rose by 83 percent, from \$233,000 to \$426,000 during this same period.¹

Sales volume for single-family homes in Newton has remained fairly constant, but condominium sales increased 22 percent between 2002 and 2003.

Price is but one indication of the obstacles faced by low- and moderate-income (LMI) populations in securing affordable housing. Another indication of the formidable barriers which low-income residents face in securing housing in the WestMetro communities is the income gap (i.e. the gap between income and housing cost). In all but two of the communities, the income gap is a minimum of \$26,145 and reaches a maximum gap of \$562,906 in Lincoln. Bedford's and Sudbury's negative income gaps are a reflection of high median incomes. Please see Fig. 2 below.

Fig. 2: Income Gaps²

COMMUNITY	FAMILY INCOME ASSUMPTION/2003 MEDIAN INCOME	MEDIAN SINGLE- FAMILY SALES PRICE 2003	INCOME GAP
Bedford	\$98,974	\$427,500	\$-31,326
Belmont	\$90,437	\$644,500	\$225,666
Brookline	\$75,063	\$840,100	\$492,123
Framingham	\$61,084	\$324,000	\$40,824
Lexington	\$108,947	\$561,100	\$56,043
Lincoln	\$88,894	\$975,000	\$562,906
Natick	\$78,488	\$390,000	\$26,145
Needham	\$99,106	\$550,000	\$90,563
Newton	\$96,825	\$637,750	\$188,887
Sudbury	\$133,424	\$586,250	\$-32,280
Waltham	\$60,772	\$366,150	\$84,424
Watertown	\$67,246	\$411,000	\$99,260

Rental Housing

Although some of the WestMetro communities note that there has been a softening of the rental housing market, rents clearly exceed the amount that lower-income households can pay without being cost burdened (e.g. payment of more than 30 percent of income in rent). For example, the maximum rental price which is affordable to a family of four at 50 percent of area median income is \$1,032 a month. Newton notes in its plan that, "Over the past five years from 1999 to 2004, HUD-designated fair market rents in Boston MSA increased by 57 percent, from \$906 to \$1,419. This amounts to an average annual increase of nine percent per year."

¹ Brookline notes that in the ten year period from 1991 to 2002, the median sales price of a single-family home increased 131 percent to \$775,000. The median price in that same period for a condominium increased 184 percent to \$369,000.

² According to *The Greater Boston Housing Report Card 2003: An Assessment of Progress on Housing in the Greater Boston Area*, the maximum home price that is affordable to a median-income household in a given community is one on which the annual cost of supporting principal and interest payments on a 30-year mortgage for 80 percent of the purchase price, plus real estate taxes and homeowners insurance, does not exceed 33 percent of the household's gross income. Median household incomes in 2003 were estimated to be 12.5 percent above the 1999 median reported in the U.S. Census 2000.

Fig. 3 shows the most recent available median rents for the WestMetro communities, along with the median renter incomes, the percent of income median-renters pay towards rent and the vacancy rates in the 12 communities.

Fig. 3: Rental Market Information

COMMUNITY	ESTIMATED MEDIAN RENTER INCOME	MEDIAN RENT	PERCENT OF INCOME NEEDED FOR RENT	OVERALL VACANCY RATE FOR TOTAL # OF HOUSING UNITS
Bedford	\$47,031 (1999)	\$1,100 (1999)	28%	2%
Belmont	\$65,504 (2003)	\$1,350 (2003)	25%	2%
Brookline	\$53,818 (2003)	\$1,600 (2003)	36%	3%
Framingham	data not available	\$835(1999)	27%**	2%
Lexington	\$63,520 (2003)	\$1,800 (2003)	34%	2%
Lincoln	data not available	\$950 (1999)	25%**	4%
Natick	data not available	\$873 (1999)	23%**	2%
Needham	data not available	\$1,200 (1999)	30%**	2%
Newton	\$59,443 (2003)	\$1,450 (2003)	29%	2%
Sudbury	data not available	\$756* (1999)	26%**	<5%
Waltham	\$46,441 (2003)	\$1,200 (2003)	31%	3%
Watertown	\$60,425 (2003)	\$1,300 (2003)	26%	2%

*Sudbury's low median rent reflects the fact that almost 50 percent of the rental units are subsidized.

**Information according to U.S. Census 2000.

The above data regarding median home prices and median rents suggest that much of the housing in the WestMetro communities is beyond the reach of the low- and moderate-income population. In all but two of the communities, there is a significant income gap between median incomes and median single-family home prices. In terms of the rental market, median-income renters in the 12 communities pay between 23 and 36 percent of their income for rent. For those people making 80 percent or less of median income, renting, much less purchasing, a home can be difficult if not impossible.

A further look at the availability of housing in the market of one the WestMetro communities, Newton, is instructive: Newton notes in its plan that as of April 11, 2005, there were 370 houses and condominiums on the market, and only two of those units were priced less than \$260,000 (a price that would make them affordable to households earning less than 80 percent of the 2004 Boston MSA median family income of \$66,080). Newton indicates that "While such households comprise approximately 22 percent of all Newton households, less than one percent of the houses on the market are within their reach. With respect to rental housing, Newton notes in its plan that out of a random sample of 40 rental units, only six (all one-bedroom units) were priced below \$1,032, the maximum price affordable to a low-income household.

Condition of Housing

Generally, in the WestMetro Consortium communities, most of the housing stock is relatively old, and there is a fair amount of variation between the communities as to the condition of the housing. The following table encapsulates the condition of housing in the communities:

³ Demand for rental units remains high as indicated by an overall region wide low vacancy rate.

Fig. 4: Summary of Housing Conditions

COMMUNITY	SUMMARY OF HOUSING CONDITIONS
Bedford	Forty-two percent of the units were built before 1959 with only 12% built since 1990. Twenty-seven units are substandard.
Belmont	U.S. Census 2000 reports that there 37 substandard units. The Board of Health receives between 18 and 25 complaints a year from renters.
Brookline	In 2004, 740 housing inspections occurred; 330 order letters were issued. Of the 26,388 units, 370 are substandard.
Framingham	Many homes are old and may need repair. Almost 50% of housing was built before 1959. 428 units are substandard.
Lexington	Housing condition is generally good. 28 units lack complete plumbing; 53 lack complete kitchen per U.S. Census 2000.
Lincoln	Housing stock is relatively old but maintained and upgraded; 79 percent of units were built prior to 1979 and 25 percent prior to 1940.
Natick	Many Natick homes are old enough that they may need repairs; 31 percent of housing built between 1940 and 1959 and 28 percent built in 1939 or earlier.
Needham	Thirty-nine percent of units built prior to 1959. Nine units lack complete plumbing, and 17 lack complete kitchen facilities.
Newton	Eighty-three percent of housing is in average condition; 11 % in good condition; 1% in excellent condition.
Sudbury	While housing stock is relatively old, it's in good relatively condition.
Waltham	There is an aging housing stock likely to need more repair; 86% of units were build before 1979 and 33.5% before 1940.
Watertown	Much of the housing stock in deteriorated condition; in 1998, 234 letters were issued by the Board of Health; 89% of units were built before 1979; 47% before 1940.

HOUSING MARKET INVENTORY

The following table shows the housing market inventory for each of the WestMetro communities, including the total number of housing units, the total occupied units, the total number of units which are owner-occupied and the total number of units which are rental. Also provided is a breakdown by building type. In all but three communities, single-family units account for the

majority of the housing stock. Only in one community—Brookline—is the majority of the housing stock in five-or-more-unit structures.

Fig. 5: Housing Market Inventory

COMMUNITY	HOUSING UNITS	OCCUPIED UNITS	HOMEOWNER-SHIP UNITS	TOTAL RENTAL UNITS	BUILDING TYPE
Bedford	4,708	4,621	3,705	916	73% single detached; 10% single attached; 8% 2-4 units; 7% multifamily
Belmont	9,980	9,732	5,907	3,825	47% single detached; 3% single attached; 35% 2-family; 9% 3-4-family
Brookline	26,388	25,594	11,583	14,011	17% single detached; 4% single attached; 25% 2-4-family; 54% 5 or more
Framingham	26,734	26,153	14,512	11,641	50% single detached; 3% single attached; 8% 2-family; 7% 3-4 family; 32% 5 or more
Lexington	11,333	11,110	9,175	1,935	79% single-family; 3% 2-family; 13% multifamily; 5% townhouse
Lincoln	2,911	2,800	2,407	393	54% single detached; 29% single attached; 2% 2-family; 10% 3-4 family; 6% 5 or more
Natick	13,080	12,818	8,942	3,774	63% single-family; 9% 2-family; 25% 3 or more
Needham	10,846	10,612	8,587	2,063	79%-single; 2% single attached; 8% 2-4 family; 2% 5-9 family;
Newton	32,112	31,201	21,703	9,498	60% single-family; 18% 2-family; 6% 3-4-family 15% 5 or more
Sudbury	5,590		5,143	444	95%-single-family
Waltham	23,880	23,207	10,675	12,532	42%-single-family; 28%-2-4-family; 30% 5 or more

COMMUNITY	HOUSING UNITS	OCCUPIED UNITS	HOMEOWNER-SHIP UNITS	TOTAL RENTAL UNITS	BUILDING TYPE
Watertown	15,008	14,708	7,054	7,954	28% single-family; 42% 2-family; 11% 3-5 family; 21% multifamily

Housing Stock Available to People with Disabilities

The following chart summarizes the total number of housing units available for persons with disabilities. Further detailed breakdown, where available, of these units is provided in Attachment A.

Fig. 6: Housing for Persons with Disabilities

COMMUNITY	AVAILABLE HOUSING
Bedford	Eight residential homes housing 50 DMR clients; 8 public housing units serve DMH clients
Belmont	Housing authority has 154 units which are elderly/disabled and one residence of 8 developmentally disabled
Brookline	117 units in group homes owned by BHA and other nonprofit groups
Framingham	Data not available
Lexington	Data not available
Lincoln	Current efforts to make some units at Lincoln Woods handicapped accessible. New Town-sponsored development will have one accessible unit
Natick	Brandon Residential Treatment Center has 3 residences each serving 14 individuals for young population with behavioral and emotional Problems. The main campus also houses 60 youth
Needham	NHA has 17 units which are wheelchair accessible for seniors and individuals with disabilities. There is an 8-bed group home, and Seabeds Way has 2 units for elders with physical disabilities
Newton	133 units for persons with developmental disabilities; 41 units for individuals with mental illness
Sudbury	Housing Authority has 64 elderly/disabled units; 15 units in 2 SHA developments are accessible for people with disabilities
Waltham	100 units of handicapped or special needs housing; 29 of which are owned by WHA; 103 units for developmentally disabled population
Watertown	326 public housing units which are elderly/handicapped. WHA manages 2 group homes totaling 23 units-16 are for blind developmentally disabled, with 7 for developmentally disabled

Housing Stock Available to People with HIV/AIDS and Their Families

Generally, it appears that there are relatively few persons living with HIV/AIDS residing in WestMetro Consortium communities, and extremely few housing resources in those communities serving the HIV/AIDS populations. Newton indicates that, according to the Massachusetts Department of Public Health, there were 87 Newton residents living with

HIV/AIDS as of fall 2004. Waltham has 135 residents living with HIV/AIDS, and the Town of Watertown has 54 residents. Currently, there are two facilities for persons with HIV/AIDS serving the WestMetro HOME Consortium: the Hurley House Recovery Home in Waltham, which offers substance abuse treatment services for people with HIV/AIDS, and New Beginnings in Framingham, a 12-bed residential program that provides independent, supportive, and non-medical services for people living with HIV/AIDS who are homeless or at risk of homelessness.

The following table summarizes the information provided by the Consortium members regarding housing available to people with HIV/AIDS (PWAs) and their families:

Fig. 7: Housing Available to People with HIV/AIDS

COMMUNITY	NUMBER OF PERSONS WITH HIV/AIDS	HOUSING NEEDS
Bedford	Fewer than five	No local facilities; low need
Belmont	Nineteen residents who are either HIV positive or have AIDS	No facilities located in Belmont. Utilizes facilities in Waltham.
Brookline	As of 2001, 44 HIV cases and 45 persons with AIDS	No facilities in Brookline. The town uses support system of PWA housing in Boston.
Framingham	As of 1999, 78 residents were projected to have AIDS and 56 had HIV.	Need 75 units created in next five years.
Lexington	Three residents who are either HIV positive or have AIDS	No local facilities; low need
Lincoln	Fewer than five	No local facilities; low need
Natick	Twenty-six people with HIV/AIDS	No data available
Needham	Estimated six people with HIV/AIDS	Six units are available for PWAs in Needham
Newton	Eighty-seven residents living with AIDS in 2004	No facilities in Newton. Utilizes Hurley House in Waltham
Sudbury	Fewer than five	No local facilities. Low need
Waltham	In 2003, 135 residents living with AIDS	Hurley House facility; Need for additional affordable housing and outpatient care
Watertown	Fifty-four reported cases of individuals living with AIDS between 1993 and 1999	No housing available in Watertown for PWAs

Areas of Racial/Ethnic and Low and Moderate Concentrations

Generally, the Consortium communities, with the exception of Framingham, indicate that there are no areas of racial/ethnic concentration. Newton indicates that 91 percent of the lower-

income households within the City are White and that those households are relatively evenly split between renter and homeowner households. No census tracts have a majority of low- and moderate-income residents, but there are four target neighborhoods which have relatively high concentrations of LMI residents⁴. Framingham's plan indicates that there are a number of census tracts in which there are both racial/ethnic and low- and moderate-income population concentrations:

Low Income Households—Census Tracts and Block Groups

383100: 383100.01 383100.02 383100.03 383100.04	383200: 383200.01 383200.03 383300: 383300.01	383400: 383400.02 383400.03 383400.04 383501	
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Minority Households—Census Tracts and Block Groups

383100: 383100.01 383100.02 383100.03 383100.04	383200: 383200.01 383200.03 383200.04	383300: 383300.03 383400: 383400.01 383400.02 383400.03	383501: 383501.01 384000.00: 84000.03
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Public and Assisted Housing Inventory

Generally, most of the WestMetro communities have a mix of subsidized housing, some of which is owned and operated by a local housing authority and some of which is privately owned and operated. Many of the WestMetro communities have local housing authorities which also administer Section 8 vouchers. In several of the communities, a significant number of the public housing units are set-aside units for elderly and disabled population. The majority of communities report that there are very long waiting lists for public housing units. The following table is a summary of the inventory information provided by the WestMetro communities. Further detailed information for some of the communities is provided in Attachment B.

⁴ Those neighborhoods are portions of Newton Corner, Newtonville, Nonantum and West Newton.

Fig. 8: Public and Assisted Housing

COMMUNITY	NUMBER OF UNITS OWNED/ ADMINISTERED	WAITING LIST INFORMATION	CONDITION OF HOUSING	UNITS AT RISK	STRATEGIES FOR IMPROVEMENT, ETC.
Bedford	BHA manages 92 units of state public housing; 8 state 689 units and 22 state rental vouchers; 80 units are for elderly, and 12 are for veterans	50 on waiting list for rental vouchers	Properties are in need of some capital upgrades which are being funded out of project reserves	None	None listed
Belmont	BHA owns 262 units of state public housing; 100 family units; 80 one-bedroom units; 74 elderly/disabled units; 8 special needs units; 45 Section 8 vouchers	2,857 on waiting list for family housing in 2004; current Belmont residents have 3-5 year wait; 583 elderly on waiting list and 146 disabled	In 1997, \$2 million modernization effort began, including de-leading all units. Energy efficiency improvements to reduce heating fuel and electric consumption to begin in 2005.	Data not provided	BHA contracted administration of Section 8 program to Dedham Housing Authority
Brookline	Owns 921 units; 458 serve elderly and disabled; 432 are family and 31 are for special needs populations; administers 574 rental vouchers	4,000 on waiting list for federally funded units and 3800 for state-funded units; 1300 on elderly/disabled list	Five federal developments are in good condition; no major revitalization needed; Authority receives \$600,000 of Capital Fund Program for capital improvements	796 expiring use units	Housing Authority to hire a consultant to survey the properties and create a master plan

COMMUNITY	NUMBER OF UNITS OWNED/ ADMINISTERED	WAITING LIST INFORMATION	CONDITION OF HOUSING	UNITS AT RISK	STRATEGIES FOR IMPROVEMENT, ETC.
Framingham	Town has total of 2,705 subsidized units of which 1069 are owned and managed by FHA; 671 are elderly; 24 units for disabled and 374 family units	More than 500 people on lists for state and federal elderly housing; 1,802 applicants on state-aided family housing waiting list, with 2,176 on federal housing waiting list	Testimony from residents concerns the aged condition of the FHA units, the small size of the units, and lack of elevators	214 units at risk	Recommendation that FHA work with DHCD and the Bureau of Housing Development and Construction to obtain funding for renovation and rehabilitation of the units
Lexington	LHA owns and operates 308 units; 213 are elderly/handicapped; 27 are family units and 68 federal Housing Choice Vouchers	More than 200 applicants for rental vouchers	Plan to develop comprehensive program to determine all upgrade needs	Data not provided	Town will undertake a visioning plan regarding roles of LHA; tenant participation encouraged
Lincoln	Has no housing authority; one Town-owned unit rented under Section 8 with Concord Housing Authority; Town owns 6 units of affordable housing; 3 in development	19 people on the Housing Commission waiting list	Condition is good; two units will require some updating within the next five years	None	Three additional affordable units are in the development stage
Natick	Housing Authority has 422 state-assisted units; 8 units through the state MRVP; and 102 Section 8 vouchers	19 applicants on the elderly waiting list; 1,116 non-elderly on waiting list	No information provided	Currently, 1 unit at risk; 236 units with restriction to expire in 2014.	None listed

COMMUNITY	NUMBER OF UNITS OWNED/ ADMINISTERED	WAITING LIST INFORMATION	CONDITION OF HOUSING	UNITS AT RISK	STRATEGIES FOR IMPROVEMENT, ETC.
Needham	Owns 316 units and administers 120 Section 8 vouchers (see Attachment B)	For 2-bedrooms, waiting list is 50; waits for 3- bedroom about 1-2 years; 4-bedrooms-5 years; disabled-2-15 years	Units in fair to excellent condition; \$2 million modernization for 80 units of state housing; NHA receives \$125,000 for federal public housing annually	Data not provided	Plan mentions seeking improvements and expansion of senior rental housing at the Linden-Chambers development
Newton	NHA owns 491 units; administers 441 Section 8 units; increasingly, special needs populations are being served in elderly housing	Waiting lists for both housing and vouchers are thousands long	82% of the NHA housing is listed in excellent condition. Since 1992, NHA has expended >\$5 million in modernization.	29 elderly subsidized units have Section 8s due to expire in 2006.	NHA receives funds from Inclusionary Zoning Ordinance, which it has expended in the creation of 62 housing units
Sudbury	SHA owns and manages 64 elderly/disabled units and 21 single and duplex family units; additional 129 units of private subsidized housing	Waiting list for subsidized family units is currently closed and contains 51 families	Data not provided	120 rental units owned/managed by a private corporation under Section 8 HUD vouchers in 2014	The SHA received \$20,000 per unit in Community Preservation Act funding in 2003 for the creation of up to 16 rental units. Parcels are under investigation for feasibility.
Waltham	WHA owns and operates 23 developments with 811 units; 295 units for families and 484 units for seniors; 31 for people with disabilities; 450 Section 8 vouchers	Total of 3,280 on Section 8 waiting list; 963 for elderly and disabled; 822 for family housing	Condition varies; federal elderly in excellent condition; state housing range from fair to excellent; several capital fund projects underway	258 at risk expiring use units	WHA is exempt from HUD requirements on resident initiatives since federal stock is for elderly/disabled and is one bedroom

COMMUNITY	NUMBER OF UNITS OWNED/ ADMINISTERED	WAITING LIST INFORMATION	CONDITION OF HOUSING	UNITS AT RISK	STRATEGIES FOR IMPROVEMENT, ETC.
Watertown	WHA manages 566 state units and 50 federal units of housing; 2 group homes; administers 153 Section 8 vouchers	Waiting list for elderly/handicap units is 257 households; 988 families are on the waiting list for family housing	Has implemented all of the 504 needs assessment	Two expiring use properties; 156 units in Arsenal Apts-2012; 14 units in Beaverbrook-2021	Works with Elder Services to implement a managed care program; has 2 learning centers for students and adults

Inventory of Facilities and Services for Homeless Persons and Persons Threatened with Homelessness

Brookline-Newton-Watertown Continuum of Care (COC)

These three communities comprise one of 23 continuums in Massachusetts formed as a result of HUD's annual competitive application process for Continuum of Care funds. As indicated in Newton's Plan, "The purpose of forming these continuums is to bring communities together in a coordinated planning effort to work towards alleviating homelessness." The design of the Brookline-Newton-Watertown Continuum is to move individuals and families from homelessness to self-sufficiency through prevention, outreach and supportive services. A critical component of this approach is the provision of permanent supportive housing. Supportive services within this COC include case management, life skills, alcohol- and drug-abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care and transportation.

In terms of housing provided within this COC for homeless individuals and families, there is one emergency shelter in Brookline which serves 15 young adults and is part of the New Pathways Program. The main provider of emergency shelter for homeless individuals and families is Middlesex Human Services Agency (MHSA), which operates shelters in Waltham. The transitional housing for this COC, which is located in Newton and Brookline, is detailed in the table below.

Fig. 9: Brookline-Newton-Watertown Continuum of Care Transitional Housing

PROVIDER NAME	FACILITY NAME	LOCATION	TARGET POPULATION	UNITS/BEDS
Brookline Center	Transition to Independent Living	Brookline	Individuals	4 beds
Catholic Charities	Genesis II	Newton	Families recovering from substance abuse	7 units/ 13 beds
CAN-DO	Kayla's House	Newton	Families with children	5 units/ 15 beds
The Second Step	Garfield House	Newton	Survivors of domestic violence and their children	3 units/ 9 beds
The Second Step	Original Residence	Newton	Survivors of domestic violence and their children	8 units/ 20 beds
The Second Step	New Residence	Newton	Survivors of domestic violence and their children	8 units/ 26 beds
Total				31 units/ 87 beds

The permanent supportive housing for the Brookline-Newton-Watertown COC, of which there are four units and 134 beds, is outlined in the following table.

Fig. 10: Brookline-Newton-Watertown Continuum of Care Permanent Housing

PROVIDER	FACILITY	LOCATION	TARGET POPULATION	UNITS/BEDS
Advocates	Supportive Housing	Watertown	Individuals with mental illness	3 beds
Advocates	19 West Street	Newton	Individuals with mental illness	5 beds
Committee to End Elder Homelessness	Ruth Cowen House	Brookline	Elderly	9 beds
Pine Street Inn	1017 Beacon Street	Brookline	Individuals with disabilities	16 beds
Pine Street Inn	1043-45 Beacon Street	Brookline	Individuals with disabilities	28 beds
Pine Street Inn	1754 Beacon Street	Brookline	Individuals with disabilities	14 beds
Vinfen	Dwight Street	Brookline	Individuals with disabilities	7 beds
West Suburban YMCA	Church Street	Newton	Men with disabilities	28 beds
Women's Institute for Economic Development	Crescent Street	Newton	Survivors of domestic violence and their children	12 beds
Total				4 units/ 134 beds

Waltham

Waltham indicates in its Consolidated Plan, in contrast to the Brookline-Newton-Watertown Continuum of Care, that it has a "prevalent homeless population, the majority of whom are homeless men." Waltham indicates that it has 300 shelter beds within the City which operate at or near capacity year round. In contrast to the Brookline-Newton-Watertown Continuum, which has some permanent supportive housing for homeless individuals and families, all of Waltham's homeless housing is emergency shelter or transitional housing, and there are no permanent housing units with supportive services for homeless persons. Waltham's emergency shelter and transitional housing units are as follows:

Emergency shelters and services:

- Bristol Lodge Women's Shelter, run by MHSA, has 15 beds which are consistently filled. Approximately 15-20 percent of the shelter users are regulars who have adapted to the shelter environment and who will take longer to achieve transition into independent living. Pregnant women are referred to family housing, and survivors of domestic violence are referred to other shelters for safety reasons.

- Bristol Lodge Men's Shelter, run by MHSA, has 45 beds which are consistently filled to capacity. Fifty percent of the users are regulars who have adapted to the shelter environment and will take longer to achieve transition into independent living.
- The Bristol Lodge shelters have referrals for clients with drug or alcohol problems or who suffer from mental illness or other health problems. The Bristol Lodge Women's Shelter provides on-site services for clients who have mental or physical health problems. All of the shelters provide hot meals and life/job skills counseling.
- Hestia House, run by MHSA, has 16 places for homeless female-headed families (excluding males over 12 years old). The facility is consistently filled to capacity.
- Olivia House, run by MHSA, has 16 places for homeless female-headed families (excluding males over 12 years old). The facility is consistently filled to capacity. Clients are provided with counseling and life-skills training.
- Sandra's Lodge, run by MHSA, has 35 places for homeless female-headed families (excluding males over 12 years old). The facility is consistently filled to capacity. Clients are provided with counseling and life-skills training.
- MHSA provides substance abuse counseling not only for the users of its shelters but for other low-income individuals and families. They also refer clients to elder service organizations, the Department of Public Welfare and the Social Security Administration. MHSA administers a total of 13 programs for residents of Waltham and the surrounding communities.
- REACH (formerly the Support Committee for Battered Women) has an emergency shelter with services for up to 20 battered women and their children. The emergency shelter program is 6-8 weeks and includes housing, legal, social service advocacy, parenting and children's services and support groups. There are nine beds for women and children at confidential locations.
- Hurley House shelters an average of 25-30 men per night. It is designed as a transitional shelter offering augmented services to promote leaving homelessness and maintaining self-sufficiency. Hurley House provides counseling for drug and alcohol abuse and mental and physical illnesses on site, as well as referrals to other organizations. They also provide a number of on-site services including hot meals, job counseling, training in life skills and transportation. Referrals are given for legal problems, education and training, and child-care.
- The Community Day Center is a new "day" shelter for up to 55 homeless individuals that offers shelter and assistance in finding housing, employment, counseling, services and recreational opportunities every afternoon. The facility opened in 2003 and has served about 600 people per year. Approximately 20 percent of clients are also clients of the Massachusetts Department of Mental Health.
- South Middlesex Opportunity Council (SMOC) runs several shelters in Framingham. These include the Marlborough Community Shelter, the Pathways and Sage House Family Shelter and the Turning Point Single Adult program. For various reasons, Waltham's homeless are sometimes referred to shelters run by SMOC in Framingham.

None of the shelters provides vouchers to assist the homeless in obtaining shelter, meals or services.

Transitional Housing:

- Mary's House/Bristol Lodge Family Transitional Housing, run by the MHSA, provides lodging for six families (18 people). Single parents comprise 98 percent of the clients that use this facility.

Framingham

Framingham is a member of the MetroWest Continuum of Care, along with WestMetro HOME Consortium members Waltham and Natick and the towns of Hudson and Marlboro. There are several components to this COC's plan for addressing homelessness, including prevention, outreach and supportive services.

I. Prevention Services

(a) Financial, Housing and Other Emergency Assistance

- Rental/Utility/Mortgage Assistance
A total of \$198,000 per year helps approximately 330 low-income individuals and families prevent eviction or mortgage default and avert related short-term crises in order to prevent homelessness. Funding is from the Federal Energy Program, FEMA's Emergency Food and Shelter Program, ESG and several private sources. Agencies involved include Advocates, Inc. Housing Advocacy Services, The Waltham Alliance to Create Housing (WATCH), Framingham Resource Center, SMOC's Regional Housing Assistance Program, Catholic Charities West and Marlboro Community Services.
- Legal Assistance
Low-income clients in danger of eviction are assisted with maintaining housing. Pro bono guardianships are secured for chronically mentally ill clients to maintain housing. Agencies involved include South Middlesex Legal Service, Boston College Legal Assistance Bureau, and Advocates, Inc. Housing Advocacy Services.
- Housing Counseling/Mediation Services/Case Management
Low-income clients receive housing counseling, case management and assistance with landlord mediation. Involved agencies include Marlboro Community Services, Framingham Resource Center, Advocates, Inc. Housing Advocacy Services, and WATCH.
- Emergency Food Assistance
Food and/or prepared meals are available to help individuals and families stretch their budgets and sustain housing. SMOC manages the local WIC program and Nutritional Services for Elders, and other agencies including Middlesex Human Service Agency Soup Kitchen, Salvation Army, InterFaith Coalition of Marlboro, Metro West Harvest and Framingham Civic League provide emergency food assistance.

(b) Specialized Services for At-Risk Populations

- **Permanent Supportive Housing for Persons with Disabilities**
Three-hundred-and-sixty-two units of housing combined with supportive services makes it possible for persons with chronic mental illness, histories of substance abuse, developmental disabilities, and other challenges to live independently and avoid homelessness (or reoccurrence of homelessness, if previously homeless). Advocates, Inc., SMOC, Middlesex Human Service Agency, and The Bridge of Central Massachusetts provide permanent supportive housing.
- **Persons with Chronic Mental Illness**
A comprehensive system of services helps to ensure this population, which is especially at risk of chronic homelessness, can manage in housing:
 - o **Crisis Intervention:** 24-hour mobile team goes to clients in their homes to provide psychiatric and substance abuse assessment, emergency medication evaluation, hospital prescreening and referral.
 - o **Crisis Stabilization:** Two residences provide respite supportive services as an alternative to psychiatric hospitalization so people can stabilize and then return to their housing.
 - o **Individualized Case Management:** Individual case managers visit consumers in their homes and assist them with the tasks of daily living, accessing treatment and services, and other help to remain housed.
 - o **Comprehensive Treatment and Support Services:** Psychiatric day treatment, seven-day a week clubhouse programming, and a range of other services help to ensure that person with mental illness can manage crises, remain housed in the community, and avoid homelessness.
- **Persons in Recovery from Substance Abuse**
In-home and on-site evaluations are available both for people suffering from substance abuse and for dually diagnosed people. Appropriate treatment plans are developed and clients are monitored and supported during and after recovery. Day treatment programs are offered at different sites to allow people to stay in their own home while they recover. In addition, SMOC, Advocates, Inc., and Riverside Community Care offers services, including residential services to adults with substance abuse and/or dual diagnosis and substance abuse treatment sites.
- **Survivors of Domestic Violence**
 - o **Crisis Intervention:** 24-hour toll-free regional hotline to provide crisis intervention, safety planning, information and resource referrals. Intervention programs are also available to meet the specific need of Jewish women who are experiencing domestic violence. REACH (formerly Waltham Support Committee for Battered Women) and Voices Against Violence provide services.
 - o **Counseling:** Weekly support groups are offered to women who were or are in abusive relationships. Sessions are offered at different locations within the region both in the daytime and evening. Free childcare is provided. REACH provides services.
- **Youth**
 - o **Emergency Residential Support:** Clinician teams are available to respond immediately to teens and their families in crisis situations: Staff provides short-

term treatment and support, including emergency residential support, when needed. Services provided Wayside Community Services, SMOC's Young Adults Case Management Program and Advocates, Inc. Young Adults Residential Program.

- o Crisis Intervention for Teen Parents: Provide case management, family counseling and mediation services for at-risk teen parents and their families. Wayside Community Health, Advocates, Inc. Behavioral Health Services and SMOC's Young Parents' Program

(c) How Persons Access and Receive Assistance

- Neighborhood Based Access for All Populations
There are several places throughout the continuum where people can walk in or call to get help when in an emergency. These entities include nonprofit, multi-service organizations at easy-to-reach locations, and the municipal health and human service departments based at the local city hall offices.
- Targeted Services for Special Populations
For special populations, such as survivors of domestic violence and persons with mental illness, the continuum has specialized organizations that offer hotlines, crisis services, outreach and case management, and other ways to ensure individuals can access and receive assistance.
- Home-Based Services for Individuals with Disabilities
For people with disabilities in scattered-site housing, many of the prevention services are brought to them in their homes, via individual case managers or even by crisis teams (if the person is facing a psychiatric emergency).
- Permanent Supportive Housing
This continuum has an extensive stock of permanent supportive housing for people with disabilities operated by nonprofit organizations that have as their mission housing these populations. Not only do tenants have individual case managers to visit them in their homes, the organizations often have on-site house managers and take other steps to ensure that tenants access assistance in order to remain housed.

II. Outreach Services

(a) Outreach activities for homeless persons living on the streets

- Street Outreach with Focus on Chronically Mentally Ill and Substance Abusers
Service providers experienced in assessment and intervention for people with chronic mental illness and/or substance abuse problems conduct regular street outreach, checking commercial centers, parks, subway stops, etc., to engage individuals over time and build relationships. Once rapport is established, outreach workers assist clients to secure shelter, apply for benefits, and obtain treatment and services. Agencies involved in street outreach include Tri-City Mental Health Outreach, New Jerusalem Church Mobile Outreach and SMOC's Pathway's Mobile Outreach Team.
- Coordination with Police, Clergy, and Community Businesses

The municipalities respond to requests from the police, clergy and businesses either by sending staff out to engage homeless persons on the streets and assist them with accessing shelter and services, or by coordinating with the police and mental health treatment providers to get the person to appropriate shelter.

(b) Outreach activities that occur for other homeless persons

- **Homeless Individuals Staying in Shelters**
This continuum offers shelters for single adults and families. Shelters managed by REACH, Middlesex Human Service Agency and SMOC. Tri-City Mental Health Service provides case-management services to adults and families staying in Continuum shelters.
- **Families and Single Women Fleeing Domestic Violence**
REACH, an agency that offers regional emergency assistance to people fleeing domestic violence, conducts outreach through an extensive media campaign, advertising their hotline and other crisis intervention services.
- **Homeless Families in Motels**
Case managers visit the motels/lodging houses in Framingham (overflow shelters funded by the state Department of Transitional Assistance) in order to conduct outreach and assess each family's needs (e.g. mental health, health care, housing, children's education, parenting). SMOC, Massachusetts Department of Public Health and Massachusetts Department of Transitional Assistance are the agencies involved.

III. Supportive Services

(a) Case management

- **On-site services for homeless families**
Families receive case management services on-site at the shelters and transitional programs where they are staying, as well as on-site at the motels/lodging houses in Framingham where homeless families are placed.
- **Specialized services for homeless people with disabilities**
Case management services are available specifically for both adults and youth suffering from chronic substance abuse, mental illness or a dual diagnosis.
- **Stabilization services**
Once homeless people move to permanent supportive housing in this continuum, on-site case managers are in place at some facilities to assist people with settling into their housing. In scattered-site and small housing models, mobile case managers visit with people in their homes to provide these services.
- **Life Skills**
Case managers at residential programs all along the continuum assist homeless families and individuals, through one-on-one counseling and group workshops, with developing the life skills to live independently (e.g. housekeeping, shopping, parenting, budgeting).

- **Alcohol and Drug Abuse Treatment**
Access to treatment and other substance abuse services are provided, including follow-up care and assistance with enrollment into a support group.
- **Mental Health Treatment**
A particular strength of this continuum is the range of treatment and related resources available to all persons with chronic mental illness-both those who are homeless and those in housing. Those services include crisis intervention, stabilization, individualized case management and comprehensive treatment and support services.
- **AIDS-related Treatment**
Staff at all programs is trained in working w/people with HIV/AIDS and will refer them to the AIDS Action Committee for specialized services.
- **Education**
Residents of transitional housing and permanent supportive housing programs are linked to Adult Basic Education, ESOL and GED preparation classes when appropriate.
- **Employment Assistance**
Clients are linked to one-stop career and job readiness programs targeted to the needs of homeless and low-income people. Training and job search assistance are both provided, as well as assistance in obtaining unemployment benefits and access to health insurance.
- **Child Care**
CDBG funds for childcare scholarships and the Head Start Program provide childcare assistance for homeless children in the Continuum. SMOC offers services, and Wayside and Advocates, Inc. offer parenting classes.
- **Transportation**
Since many state and regional offices that assist people who are homeless or at-risk of homelessness are located outside of the continuum, agencies within the continuum use a wide array of resources to help their clients obtain these critical services. Providers in this Continuum will transport clients in agency vehicles and provide free bus and subway tokens and taxi vouchers.
- **Residential Services – in the Continuum**
All of the shelters and transitional programs in the Continuum have on-site case managers to assist people with accessing services, benefits and the like.
- **Links to Community Resources**
All of the Continuum programs-both residential and non-residential-emphasize connecting people to existing community resources that are available to both homeless and other low-income people, such as emergency financial assistance, case management, etc.
- **Targeted Services for Special Populations**
For special populations, such as survivors of domestic violence and persons with mental illness, the COC has specialized organizations that offer hotlines, crisis

services, outreach and case management, and other ways homeless individuals can access and receive assistance.

- **Close Coordination by Local Government and Nonprofit Agencies**
The municipal governments of Marlboro, Framingham, Natick, and Waltham work with those organizations to ensure local services are being coordinated and bring agencies together for networking and cross-training. This coordination facilitates access and receipt of services by homeless people. They also offer homeless people information and referral services and outreach and case management.
- **Housing-Based Services**
This continuum emphasizes moving homeless people to housing as quickly as possible, and then ensuring that appropriate supportive services (on-site and mobile) are in place to assist people with settling into housing and securing other resources.

Belmont, Lexington, Needham, Bedford, Sudbury and Lincoln

The foregoing members of the Consortium all indicate in their respective Plans that there are few if any homeless individuals or families within the community. None indicate that there are any available homeless prevention services. Some of these communities do indicate that they will refer a homeless individual within their community to a program in a neighboring town. For example, Sudbury indicates that homeless persons are referred to SMOC's emergency shelter programs. Natick also indicates that it refers any homeless individuals to SMOC in Framingham. All of these communities, except Needham, indicate that they have no emergency shelter units or transitional or permanent housing for homeless individuals or families. Needham has 50 units of permanent housing for homeless persons.

Inventory of Supportive Services for Non-Homeless Persons with Special Needs

Elderly and Frail Elderly

Most of the WestMetro HOME Consortium communities have some level of supportive services for elderly and frail elderly, but there is a wide range within the Consortium in the number of housing units which are set-aside for these populations. The following table summarizes the services and units available to serve this population for all communities.

Fig. 11: Supportive Services for Elderly and Frail Elderly

COMMUNITY	NEED	SET-ASIDE HOUSING UNITS	SERVICE PROVIDERS	DESCRIPTION OF SERVICES
Bedford	Need additional 119 units of elderly and frail elderly housing	80 units for elderly and people with disabilities at public housing unit	Council on Aging, Emerson Hospital, Visiting Nurses Association, Minuteman Senior Services and Metropolitan provide supportive services	COA does housing counseling; helps with home safety and adaptation. Other agencies provide home care services.
Belmont	Plan states need for additional 345 elderly and frail elderly units	Town has approved a proposal to develop a 482 unit continuing care retirement community of which 30 units will be available to households below 120% of median and some units will be in the 50-80% income range.	None	None
Brookline	Census data indicates there is immediate need for 950 units of subsidized elderly housing	Seventeen affordable assisted living units and a 9-unit building developed specifically for homeless elders	Springwell, Council on Aging (COA), Brookline Elder Taxi System provides 50% discount on fares for LMI elderly	Springwell and COA provide supportive services; Escort Linkage Program (HELP) provides home care assistance
Framingham	Need for 1,028 additional units of housing for elderly and frail elderly populations	671 elderly public housing units	SMOC, BayPath Elder Services, Inc.	SMOC provides adaptive rehab and BayPath provides home and personal care

COMMUNITY	NEED	SET-ASIDE HOUSING UNITS	SERVICE PROVIDERS	DESCRIPTION OF SERVICES
Lexington	Lexington COA received approximately 75 requests for elderly housing in 2004	100 units of state-assisted public housing for elderly	Council on Aging, Minuteman Senior Services, Visiting Nurses Association and Community Health of Arlington	COA serves elderly in connection with housing Assistance; other agencies provide home care services
Lincoln	No need	None	Council on Aging, Lincoln Disabilities Commission	COA provides ongoing supportive services as needed; Disabilities Commission provides referral assistance
Natick	No information provided	No information provided	No information provided	No information provided
Needham	In 2000, 1,400 seniors reported disabilities. Need for 845 additional elderly and frail elderly units.	NHA has two public housing projects, Linden-Chambers and Seabeds Way with a combined 198 units serving elderly and people with disabilities	Springwell and the Council on Aging provide supportive services to the elderly	Springwell provides housing counseling, meal prep, safety checks, meal shopping and other services which enable elderly to remain independent in their homes; COA manages a Senior Center
Newton	There are a total of 3,583 LMI elderly households and 3,866 elderly have at least one disability.	952 units of affordable housing which are elderly set aside, of which 293 are dedicated to frail elderly (see Appendix C for further detail).	Service providers include NHA, Newton Community Development Foundation, Jewish Community Housing for the Elderly; Committee to End Elder Homelessness	Services include meals, transportation, counseling, monitoring medications, financial management, shopping

COMMUNITY	NEED	SET-ASIDE HOUSING UNITS	SERVICE PROVIDERS	DESCRIPTION OF SERVICES
Sudbury	No need for additional units	Fifty elderly units owned and managed by a private corporation under Section 8 HUD vouchers at Longfellow Glen; 64 elderly/disabled rental apartment units owned and managed by the Sudbury Housing Authority at Musketahquid Village	Council on Aging and BayPath Elder Services provide services; the Town of Sudbury has a full-time community social worker; Board of Health contracts with several local social Workers; and Eliot Community Human Services for outpatient treatment	COA provides transportation to shopping, social activities, medical Appointments, seminars on financial planning, hot meals; BayPath provides care coordination, homemaking, and meals.
Waltham	1,228 of the City's 5,220 households have a mobility or self-care disability; need 517 additional special needs units.	WHA has 484 units of housing for the elderly; other units include 116 for elderly.	Sterling Medical Center and the Waltham Community Health Center provide services	
Watertown	Additional 493 units of housing for elderly and frail elderly is needed	WHA manages 326 units of housing for the elderly and disabled, 10 units of which are barrier free (see Attachment C for detail).	Supportive services are provided by the Council on Aging and Springwell	COA provides transportation, advocacy and counseling, information and referral, health insurance counseling; Springwell provides home health aides

Other Non-Homeless Persons with Special Needs

Most of the WestMetro Consortium communities have some level of housing facilities and supportive services for persons with disabilities, particularly for persons with mental health or mental retardation disabilities. However, housing facilities and supportive services for persons with HIV/AIDS are extremely limited, and many of the Consortium members indicate that there are few persons living with HIV/AIDS residing in their communities. The following table summarizes facilities and services for persons with disabilities.

Fig. 12: Facilities and Services for Persons with Disabilities

COMMUNITY	EXISTING UNITS	AVAILABLE SERVICES
Belmont	BHA has 154 units of elderly and handicapped/disabled housing and 2 units of housing for the developmentally disabled. At least 20 disabled individuals are housed through Wild Acres Inns, Protestant Guild, Concord Assabet Family Services, Beaverbrook STEP Inc. and McLean.	Aforementioned agencies maintain housing facilities for persons with developmental and mental disabilities
Bedford	Eight residential homes for DMR clients which house 50 individuals. Additional eight DMR clients housed in public housing on Railroad Avenue.	Elliott Center, Edinburg Center, Cooperative for Human Services manage the eight residential homes
Brookline	127 units in group homes for persons with physical and mental disabilities. Also have a number of wheelchair accessible units in public housing.	Massachusetts Association for the Blind; Brookline Community Mental Health Center; Specialized Housing, Inc.
Framingham	There are 74 units for persons with mental health disabilities and 66 units for persons with developmental disabilities	Advocates, Inc.; Riverside Community Care; Middlesex Human Service Agency; SMOC are some of the agencies which provide crisis intervention, stabilization and case management for persons with disabilities
Lexington	Seventeen group or residential homes for DMR clients	None listed
Lincoln	No dedicated housing facilities	The Lincoln Disabilities Committee provides referral assistance
Natick	Group residence for 4 developmentally disabled persons operated by Charles River ARC. Brandon Residential Treatment Center provides educational, residential and clinical services to 112 youths with emotional/behavioral problems.	Charles River ARC provides family support services to 21 Natick families of people with developmental disabilities.
Needham	Matthews House 8-bed group home	Charles River ARC provides services and advocacy for mentally retarded persons, including residential placement

COMMUNITY	EXISTING UNITS	AVAILABLE SERVICES
Newton	There are 133 set-aside units for persons with developmental disabilities and 41 set-aside units for persons with mental illness	Greatest need is for ongoing housing subsidy; Advocates, Inc. indicates that there 80-90 persons with mental and/or physical disabilities which require housing and support services
Sudbury	Musketahquid Village has 64 elderly/disabled rental apartment units owned and managed by the Sudbury Housing Authority	Persons with mental illness or mental retardation can access services located in Framingham, Natick, Concord, Acton and the Middlesex West Office of the Massachusetts Department of Mental Retardation
Waltham	71 units set aside for handicapped and other special needs persons which are administered by Waltham Committee Inc. and Beaverbrook STEP, Inc.	There are 103 beds for persons with Mental Retardation according to the Department of Mental Retardation.
Watertown	Protestant Guild has three group homes in Watertown; Beaverbrook STEP, Inc. provides services including supportive housing	Protestant Guild has day school and residential program for children between 8 and 22 with mental disabilities; Beaverbrook STEP provides services and supportive housing to adults with mental retardation.

As indicated above, there is little information as to persons with HIV/AIDS within the WestMetro Consortium communities. Newton indicates that in 2004, there were 87 PWAs residing in the community. Waltham indicates that there are 135 PWAs in the city, and Brookline indicates that as of 2001, there were 89 reported persons with HIV and AIDS in the community. Lexington estimates that it had three PWAs, while Sudbury reports that it has fewer than five PWAs in the community. There appears to be only one facility in the Consortium which has housing for PWAs-Hurley House shelter in Waltham-which shelters an average of 25-30 men per night.

BARRIERS TO AFFORDABLE HOUSING

A number of the WestMetro Consortium communities have already adopted measures which contribute to the creation of affordable housing. For example, Newton, Watertown, Brookline, Belmont and Natick have inclusionary zoning ordinances (IZOs). However, several of the latter communities note that those ordinances require further fine-tuning so as to better foster the development of affordable housing. For example, Watertown notes that its IZO needs to target a broader range of incomes.

At the same time, a significant portion of the WestMetro communities indicate that current zoning provisions are a barrier to the development of affordable housing. Brookline notes that its zoning bylaw's requirements with respect to on site parking and floor area ratio (FAR) requirements are impediments to affordable housing development. Brookline also notes that only 11.6 percent of the town is zoned for multifamily use. In a similar vein, Needham notes that given current zoning and current land supply, there can only be 600 dwellings at buildout and the capacity for about 30 additional multifamily units. Ninety-eight percent of the Town's undeveloped residentially zoned land is zoned for single-family development. Lexington indicates that it has approximately 1,000 acres of vacant "protected" land which is located in areas that are zoned Single Family Residential. Lincoln also notes that the vast majority of developable land in the town is zoned Single Family Residential, with a two-acre lot minimum. Framingham notes that a significant zoning barrier was imposed by the adoption in 2000 of a provision which removed the building of apartments as a use by right in every zoning district in Town and provided in its stead a provision which provides for the building of apartments by special permit in the Central Business District area. Sudbury indicates that efforts to increase zoning options for affordable housing have not met with success in the town.

Another barrier for some of the WestMetro communities pertains to environmental issues. Lexington, Bedford, Sudbury and Lincoln all indicate that much of the currently vacant land are designated wetlands, which, as is particularly noted in the Lincoln plan, raises site and construction costs (where there is no absolute prohibition against development) and generally constrains larger-scale housing development. Watertown indicates that the environmental issue it faces, given a more urban setting, is large industrial sites, which are potentially developable as housing, but which have environmental clean-up issues that significantly raise the cost of development. Framingham indicates that another factor which can operate as an environmental barrier in an urban setting is the time and cost of the environmental assessment process, which is triggered by planning schemes for housing development in already dense areas.

Most of the WestMetro communities which note the issue of impact fees as a negative factor in affordable housing development (Newton, Watertown, Framingham, and Needham) also indicate that there is no formal policy for waiver or reduction of such fees. Framingham does say that most Town-initiated affordable housing developments have such fees reduced or waived on a case-by-case basis.

The cost of land is also a significant negative contributing factor to the development of affordable housing according to Newton, Lincoln, Watertown, Framingham, Bedford, Brookline, Belmont and Sudbury. Lincoln notes that a two-acre building lot is now selling for \$900,000. Sudbury notes that single house lots are currently selling in the price range of \$350,000 to \$700,000. Bedford indicates that with the cost of land, the total development cost of an affordable unit runs between \$200,000 and \$300,000.

ATTACHMENT A

Housing Stock in Newton Available to People with Disabilities

PROVIDER	ADDRESS	BEDS/UNITS
Advocates, Inc.	Alternative Homes, Nonantum Place	8 beds
Advocates, Inc.	Walnut Street House, Walnut Street	11 beds
Advocates, Inc.	Scattered site rental units	12 beds
Advocates, Inc.	West Street	5 beds
DARE Family Services	Mount Vernon Street House, Mount Vernon Street	7 beds
HMEA Residence	Washington Street	4 beds
Newton Community Development Foundation	Boylston Street House, Boylston Street	7 beds
Newton Community Development Foundation	Warren House, Washington Street	2 units
Newton Housing Authority	New Hyde School Apartments, Lincoln Street	14 units
Newton Housing Authority	Centenary Village, Central Street	7 units
Newton Housing Authority	Norumbega Gardens, Ash/Auburn Streets	57 units
Newton Weston Wellesley for Community Living, Inc. (NWW)	Beard House, Bontempo Road	4 beds
NWW	Coyne Road	6 beds
NWW	Grove Street	7 beds
NWW	Orchard Avenue	8 beds
NWW	School Street	2 beds
NWW	Juniper House, Newtonville Avenue	7 beds
NWW	Webster Street	6 beds
NWW	Walnut Street	5 beds-vacant
Riverside Community Care	Grove Street	4 beds
Riverside Community Care	Hanson Road	4 beds
Riverside Community Care	Albemarle Road	5 beds
Riverside Community Care	Tremont Street	8 beds
Riverside Community Care	Ward Street	3 beds
Riverside Community Care	California Street	8 beds
Riverside Community Care	Osbourne Path	4 beds
West Suburban YMCA	Church Street	28 beds

Brookline Housing for People with Disabilities

ADDRESS	# OF UNITS	OWNER
153 Kent Street	10	McCormack House/BHA Special Needs
1057 Beacon Street	13	Connell House/BHA Special Needs
16 Williams Street	10	Humanity House, Inc. (DMR-funded)
501 Boylston Street	12	Bay Cove Human Services, Inc. (DMH-funded)
336 St. Paul Street	4	Boston Center (Continuum of Care-funded)
15 Dwight Street	8	Vinfen/Mass Mental (DMH-funded)
255 St. Paul Street	10	Specialized Housing Inc. (Private condos for people with disabilities)
662 Washington Street	10	Specialized Housing Inc. (Private condos)
666 Washington Street	10	Specialized Housing Inc. (Private condos)
769 Washington Street	12	Specialized Housing Inc. (Private condos)
67 Winchester Street	6	Specialized Housing Inc. (Private condos)
183 Fuller Street	10	Specialized Housing Inc. (Private condos)

ATTACHMENT B

The Watertown Housing Authority manages 566 state units and 50 federal units in five major developments and 12 scattered-site units.

DEVELOPMENT	SIZE	TYPE	STATE OR FEDERAL
Lexington Gardens	168 units	Family	State
Willow Park	60 units	Family	State
Scattered site in six buildings	12 units	Family	State
McSherry Gardens	40 units	Elderly/handicapped	State
Woodland Towers	164 units	Elderly/handicapped	State
100 Warren Street Building B	72 units	Elderly/handicapped 5 units barrier-free	State
100 Warren Street Building A	50 units	Elderly/handicapped 5 units barrier-free	Federal

The public housing units in Needham are as follows:

DEVELOPMENT	SIZE	TYPE	STATE OR FEDERAL
High Rock Estates	80 units (43 3-bedroom and 37 2-bedroom)	Family	State
Linden Chambers	152 units (one-bedrooms)	Elderly/handicapped	State
Matthews House	8 beds	Special needs group home	State
Captain Robert Cook Drive	30 units (5 2-bedroom, 20 3-bedroom and 5 four-bedroom)	Family	Federal
Seabeds Way	46 units (one-bedrooms)	Elderly/handicapped/singles	Federal

Affordable Housing Production in Belmont by Decade

	1940s	1950s	1960s	1970s	1980s	1990s	TOTAL
BELMONT VILLAGE (1949) 100 two- and three- bedroom family units	100	0	0	0	0	0	100
SHERMAN GARDENS (1971) 80 one-bedroom units	0	0	0	80	0	0	80
WAVERLEY OAKS (1976) 74 one-bedroom elderly and disabled units	0	0	0	74	0	0	74
CLARK LANE (1988) Residence for 8 special needs individuals	0	0	0	0	8	0	8
Total	100	0	0	154	8	0	262

Affordable Housing Owned and Operated by the Lexington Housing Authority

NAME	PROGRAM	# OF UNITS	HOUSEHOLD TYPE
Countryside Village	Federal	60	Low-income Elderly/Handicapped
Greeley Village	State	100	Low-income Elderly/Handicapped
Vinebrook Village	State	48	Low-income Elderly/Handicapped
Parker Manor	LHA	7	Moderate-income
Handicapped Housing	State	5	Handicapped
Family housing	LHA	2	Moderate-income families
Family housing	State	1	Low-income families
Family housing	Federal	17	Low-income families
Housing Choice Vouchers	Federal	68	Low-income

Source: Lexington Housing Authority

Bedford's Inventory of Public Housing

DEVELOPMENT	SIZE	TYPE	STATE OR FEDERAL
Ashby Place I & II	80 units	Chapter 667-Elderly and Handicapped	State
Elm Street	12 units	Chapter 200-Veterans	State
Bedford Village	19 units	MRVP/Project-based Rental Vouchers	State
Scattered site mobile vouchers	3 units	Rental Vouchers	State
Railroad Avenue	8 rooms	Chapter 689-Department of Mental Health	State

Attachment C

Newton's Inventory of Housing Stock for the Elderly

PROVIDER	ADDRESS	TOTAL/AFFORDABLE UNITS
Newton Housing Authority	Horace Mann Apartments 674-690 Watertown Street	73/73
Newton Housing Authority	Jackson Gardens 111 JF Kennedy Circle/Green Street	64/64
Newton Housing Authority	Norumbega Gardens 46 Ash Street/Auburn	57/57
Newton Housing Authority	Parker House 21 Parker Street	33/33
Newton Housing Authority	Chapter 667-4 scattered sites	5/5
Newton Housing Authority	Centennary Village 234 Central Street	12/12
Newton Housing Authority	Echo Ridge 76 Thurston Street	40 /40; 36 elderly
Newton Housing Authority	Hamilton Grove 541 Grove Street	42/42
Newton Housing Authority	Nonantum Village 245 Watertown Street	42/42; 26 elderly
CASCAP, Inc.	Nonantum Village Place 239 Watertown Street	35/34
National Development of New England	Cabot Park Village 280 Newtonville Avenue	100/20
Jewish Community Development Foundation	Coleman House/Campus House 1, 11 677 Winchester Street	146/144
Jewish Community Development Foundation	Golda Meir House 1, 11 160 Stanton Avenue	199/176
Newton Community Development Foundation	Casselman House 195 Sumner Street	43/43 35 elderly; 8 disabled
Newton Community Development Foundation	Warren House 1600 Washington Street	59/21 1 elderly
Newton Community Development Foundation	John W. Weeks House 7 Hereward Road	75/42 32 elderly and disabled
Barkan Management	New Falls Apartments 2881 Washington Street	60 /41; 20 elderly
Meredith Management	Peirce House 88 Chestnut Street	34/29
Community Living Network, Inc.	Pelham House 45 Pelham Street	10/10
Community Living Network, Inc.	CLN House 390 Newtonville Avenue	11/11
Benchmark Assisted Living	Evans Park at Newton Corner 430 Centre Street	115/23
Benchmark Assisted Living	The Falls at Cordingly Dam 2300 Washington Street	90/5
Total		888

Inventory of Watertown Elderly Units

DEVELOPMENT	SIZE	TYPE	STATE OR FEDERAL
McSherry Gardens	40 units	Elderly/handicapped	State
Woodland Towers	164 units	Elderly/handicapped	State
100 Warren Street Building B	72 units	Elderly/handicapped 5 units barrier-free	State
100 Warren Street Building A	50 units	Elderly/handicapped 5 units barrier-free	Federal

WESTMETRO HOME CONSORTIUM HOUSING AND HOMELESSNESS NEEDS ASSESSMENT

This section of the WestMetro HOME Consortium Consolidated Plan presents a regional analysis of housing and homelessness needs. It is important to note that the Consortium's 12 member communities differ significantly in geographic area, population, governance, local capacity, and resources. As a result, consistent data sets are not available for all 12 communities. Wherever possible, data obtained from the Census Bureau, HUD's *State of the Cities Data System*, the Metropolitan Area Planning Council (MAPC) and other non-local sources have been used to construct regional demographic and housing needs profiles, while information supplied by member communities has been used to highlight unique local concerns.

HOUSING NEEDS ASSESSMENT

ASSESSMENT PROCESS

The City of Newton Department of Planning and Development has directed the process of collecting, analyzing and reporting data for the WestMetro Consortium Consolidated Plan. Each participating community prepared its own needs analysis and submitted it to the City, guided by a detailed outline of Consolidated Plan requirements. Information assembled by the participating communities was merged into a Consortium-wide profile, the results of which appear below. Consultants assisting the Consortium with the Consolidated Plan process supplemented data from the participating communities in order to provide a comprehensive profile of regional housing needs.

NEEDS ASSESSMENT

General Findings

The WestMetro Consortium includes some of the most affluent communities in the Boston metropolitan area. It also includes some of the region's neediest small cities and towns. Despite the relative wealth of many families in the Consortium's service area, housing quality, suitability and affordability problems persist in all 12 communities. The result is a shortage of housing choices at all market levels and for all types of households. However, the most obvious unmet needs exist among lower-income families, senior citizens and persons with disabilities. The following priorities are statistically evident on a Consortium-wide basis:

- The region has about 31,000 households with unmet housing needs—primarily for affordable rental housing.
- More than 1,000 large families need decent, affordable rental units that are suitable for the size and composition of their households. While affordability is a problem for 45 percent of the region's existing large-family renters, overcrowding or poor housing quality is a problem for 400 families that are not housing cost burdened.
- Eight-hundred-and-eighteen large-family homeowners need suitable homes they can afford to purchase and maintain. In the WestMetro Consortium, lack of affordability is a more pervasive problem for large-family homeowners than renters. Approximately 65 percent of the region's large-family homeowners are housing cost burdened, and

45 percent are severely cost burdened. In fact, very few report housing problems other than affordability.

- Safe, decent, affordable housing is currently unavailable to more than 11,000 elderly households. Among elderly renters living in Consortium-area communities, 58 percent have housing problems, and in virtually all cases, the issue is lack of affordability. Fifty-two percent of all elderly homeowners have housing problems and approximately one-third of them are severely housing cost burdened.
- While the region has a sizeable inventory of small apartments, market rents are unaffordable to the one- or two-person households for whom these units are most suitable. There are approximately 9,800 low- or moderate-income small, non-elderly households in the Consortium, and a staggering 89 percent have housing problems, primarily lack of affordability. The existing rental pipeline in Massachusetts is not addressing these needs, and even though new rental product has reached the market through comprehensive permits or other local approvals, most of the units are not affordable to households that need studio units or one-bedroom apartments.
- Housing cost burden is a major problem for the region's senior citizens. In fact, the percentage of cost burdened households over-65 has increased since 1990. The problem is equally obvious among homeowners and renters, yet the cause of their problems is not the same. Declining state aid to cities and towns and rising costs of local services have converged to make homeownership increasingly unaffordable for elderly homeowners. For renters, the issue is not only lack of affordability, but also lack of suitability. The region has seen very little new affordable housing production for elderly households, in part because most housing subsidy programs have made family housing development a funding priority. The existing supply of elderly units—mainly older units in public elderly housing—does not meet the needs of many seniors today because the units are very small. There are existing, unmet regional needs for about 5,900 affordable elderly rental units and 6,000 elderly homeownership units.
- Persons with disabilities are substantially underserved by existing housing conditions in the Consortium's communities. The region needs approximately 6,200 decent, barrier-free housing units affordable to low- and extremely low-income households, primarily rental units.
- There are significant disparities in the region's distribution of affordable housing. Since a disproportionately large number of low-income and minority households live in the Consortium's urban areas, statistical indicators suggest that a majority of the region's unmet housing needs exist in higher-density, lower-income communities. However, the barriers to housing choice are most obvious in the wealthier suburbs. For example, Framingham's land area constitutes 15 percent of all land in the Consortium, but Framingham is a lower-income community that currently provides 22 percent of all 12,158 subsidized housing units in the region. In contrast, Sudbury and Bedford comprise 15 percent and 8 percent of the Consortium in land area, yet the same communities have 1.8 percent and 3.4 percent of the region's subsidized housing. Transportation, employment, and water and sewer service will continue to

concentrate affordable housing in some communities more than others, making mobility across political boundaries very difficult to achieve.

Estimated Housing Needs by Categories of Affected Persons

SUMMARY OF PROBLEMS BY HOUSEHOLDS & TENURE

Approximately 14 percent of all households in the Boston Primary Metropolitan Statistical Area (PMSA) live in the 12 WestMetro HOME Consortium communities. Overall, 61 percent of the Consortium's households are homeowners and 39 percent renters, but the regional average is deceptive because some communities have much larger percentages of renter-occupied housing units. Fig. 13 reports the total number and percentage of homeowners and renters by community and for the Consortium as a whole.

Fig. 13: Distribution of Households by Tenure (100 percent Sample)

Geography	Total Households	Homeowners		Renters	
		Total	Percent	Total	Percent
Bedford	4,621	3,705	80.2%	916	19.8%
Belmont	9,732	5,909	60.7%	3,823	39.3%
Brookline	25,594	11,583	45.3%	14,011	54.7%
Framingham	26,153	14,512	55.5%	11,641	44.5%
Lexington	11,110	9,175	82.6%	1,935	17.4%
Lincoln	2,790	1,710	61.3%	1,080	38.7%
Natick	13,080	9,306	71.1%	3,774	28.9%
Needham	10,612	8,587	80.9%	2,025	19.1%
Newton	31,201	21,692	69.5%	9,509	30.5%
Sudbury	5,504	5,076	92.2%	428	7.8%
Waltham	23,207	10,677	46.0%	12,530	54.0%
Watertown	14,629	6,881	47.0%	7,748	53.0%
CONSORTIUM	178,233	108,813	61.1%	69,420	38.9%

Source: Census 2000 Summary File 1, Tables H3, H4.

Extremely Low-Income Households

Communities in the WestMetro Consortium have a combined total of 17,450 extremely low-income households, i.e., households with incomes at or below 30 percent of area median family income (AMI) for the Boston PMSA.¹ The regional average of extremely low-income households is 9.8 percent, but the percentage in Framingham is disproportionately large (13.1 percent) and in Lincoln, it is disproportionately small (2.6 percent). Most of the region's extremely low-income people are in small, one- or two-person households, although the

¹ Comprehensive Housing Affordability Strategy (CHAS) 2000 Data, <<http://www.huduser.org/datasets>>. Unless noted otherwise, all references to CHAS 2000 Data include data tabulated from the CHAS data sets for each community in the WestMetro Consortium: Newton, Bedford, Belmont, Brookline, Framingham, Lexington, Lincoln, Natick, Needham, Sudbury, Waltham, and Watertown. CHAS 2000 data reported for the Consortium in the State of the Cities Data System (SOCDS) are incomplete due to the omission of new member communities. In addition, the numbers of extremely low-income, low-income and moderate-income households in each community differ from the household estimates reported in HUD's "Census 2000 Low and Moderate Income Summary Data" database; see <<http://www.hud.gov/offices/cpd/systems>>.

extremely low-income households in Framingham and Sudbury are slightly larger. Fig. 14 reports the estimated number and percentage of extremely low-income households by member community and for the Consortium as a whole, as reported in the CHAS 2000 data sets.

Fig. 14: Geographic Distribution of Extremely Low-Income Households

Geography	Summary File 3 Household Sample (Census 2000)	Extremely Low-Income Households		
		Total	Percent	Average Household Size
Bedford	4,625	208	4.5%	1.66
Belmont	9,717	751	7.7%	1.89
Brookline	25,544	3,294	12.9%	1.80
Framingham	26,147	3,417	13.1%	2.17
Lexington	11,119	636	5.7%	1.81
Lincoln	2,807	74	2.6%	1.97
Natick	13,099	1,107	8.5%	1.56
Needham	10,595	726	6.9%	1.73
Newton	31,221	2,454	7.9%	1.92
Sudbury	5,523	263	4.8%	2.33
Waltham	23,157	2,872	12.4%	1.83
Watertown	14,645	<u>1,648</u>	11.3%	1.89
CONSORTIUM	165,100	17,450	9.8%	1.90

Sources: Census 2000 Summary File 3, Table P10; HUD CHAS 2000 Data. Average household size derived as estimate from HUD CPD Census 2000 Low and Moderate Income Summary Data.

Low-Income Households

Low-income households are households with incomes at or below 50 percent AMI, which means they include both extremely low-income households and households with incomes between 31-50 percent AMI. Throughout the WestMetro Consortium, there are nearly 32,000 low-income households overall and 14,500 with incomes between 31-50 percent AMI. The regional average of households in the 31-50 percent AMI range is 8.1 percent of all households, with larger percentages in Framingham and Waltham and smaller percentages in Sudbury and Needham. Generally, the region's 31-50 percent AMI households are somewhat larger than its extremely low-income households, with a Consortium-wide average household size of 2.15 persons. The smallest households are found in Brookline and the largest, in Lincoln and Sudbury. The figure below reports the estimated number and percentage of low-income households with incomes at or below 50 percent AMI and the subset that includes only households with incomes between 31-50 percent AMI, by community and for the Consortium as a whole.

Fig. 15: Geographic Distribution of Low-Income Households

Geography	Summary File 3 Household Sample (Census 2000)	Low-Income Households ≤50% AMI		Low-Income Households 31-50% AMI Only		
		Total	Percent	Total	Percent	Average Household Size
Bedford	4,625	518	11.2%	310	6.7%	2.02
Belmont	9,717	1,456	15.0%	705	7.3%	2.05

Fig. 15: Geographic Distribution of Low-Income Households

Geography	Summary File 3 Household Sample (Census 2000)	Low-Income Households ≤50% AMI		Low-Income Households 31-50% AMI Only		
		Total	Percent	Total	Percent	Average Household Size
Brookline	25,544	5,323	20.8%	2,029	7.9%	1.96
Framingham	26,147	6,771	25.9%	3,354	12.8%	2.29
Lexington	11,119	1,266	11.4%	630	5.7%	2.19
Lincoln	2,807	307	10.9%	233	8.3%	2.65
Natick	13,099	2,076	15.8%	969	7.4%	2.11
Needham	10,595	1,264	11.9%	538	5.1%	2.09
Newton	31,221	4,241	13.6%	1,787	5.7%	2.13
Sudbury	5,523	515	9.3%	252	4.6%	2.62
Waltham	23,157	5,280	22.8%	2,408	10.4%	2.18
Watertown	14,645	2,938	20.1%	1,290	8.8%	2.01
CONSORTIUM	178,199	21,136	11.9%	14,505	8.1%	2.15

Sources: Census 2000 Summary File 3, Table P10; HUD CHAS 2000 Data. Average household size derived as estimate from HUD CPD Census 2000 Low and Moderate Income Summary Data.

Moderate-Income Households

Moderate-income households are households with incomes at or below 80 percent AMI, i.e., the sum of all low-income households, as well as households with incomes between 51-80 percent AMI. Regionally, there are nearly 68,000 low- and moderate-income households, of which 18,462 have incomes between 51-80 percent AMI. These households comprise 11 percent of all households in the Consortium's service area, with larger percentages in Waltham, Lincoln, Watertown and Framingham, and a much smaller percentage in Sudbury. The average household size of 31-50 percent AMI households exceeds the average household size for low-income and extremely low-income households, with a Consortium-wide average of 2.15 persons. The smallest households are found in Brookline and the largest, in Lincoln and Sudbury. The following table reports the estimated number and percentage of low- and moderate-income households and the subset that includes only households with incomes between 51-80 percent AMI.

Fig. 16: Geographic Distribution of Moderate-Income Households

Geography	Summary File 3 Household Sample (Census 2000)	Low- and Moderate- Income Households ≤80% AMI		Moderate-Income Households 51-80% AMI Only		
		Total	Percent	Total	Percent	Average Household Size
Bedford	4,625	1,092	23.6%	366	7.9%	2.22
Belmont	9,717	3,051	31.4%	844	8.7%	2.17
Brookline	25,544	11,128	43.6%	2,511	9.8%	2.12
Framingham	26,147	13,517	51.7%	3,329	12.7%	2.38
Lexington	11,119	2,655	23.9%	753	6.8%	2.35
Lincoln	2,807	760	27.1%	379	13.5%	2.96
Natick	13,099	4,554	34.8%	1,371	10.5%	2.12

Fig. 16: Geographic Distribution of Moderate-Income Households

Geography	Summary File 3 Household Sample (Census 2000)	Low- and Moderate- Income Households ≤80% AMI		Moderate-Income Households 51-80% AMI Only		
		Total	Percent	Total	Percent	Average Household Size
Needham	10,595	2,954	27.9%	964	9.1%	2.17
Newton	31,221	9,204	29.5%	2,509	8.0%	2.25
Sudbury	5,523	1,012	18.3%	234	4.2%	2.87
Waltham	23,157	11,438	49.4%	3,286	14.2%	2.24
Watertown	14,645	6,502	44.4%	1,916	13.1%	2.21
CONSORTIUM	165,100	67,867	41.1%	18,462	11.2%	2.27

Sources: Census 2000 Summary File 3, Table P10; HUD CHAS 2000 Data. Average household size derived as estimate from HUD CPD Census 2000 Low and Moderate Income Summary Data.

Middle-Income Households

Middle-income households constitute about 14 percent of all households in the Consortium's communities, but the distribution of wealth is very uneven, as suggested by the preceding tables. For purposes of the Consolidated Plan, middle-income households are those with incomes between 81-120 percent AMI. In April 2000 when the last decennial census was taken, the median household income for the Boston PMSA was \$55,183. However, household incomes in the Consortium communities varied significantly, with Waltham and Framingham most closely matching PMSA-wide conditions, while Sudbury led the Consortium for its very high median household income of \$118,579. For each community in the Consortium, Fig. 17 reports median household and median family incomes, the ratio of the community's median household income to that of the Boston PMSA, and the approximate percentage of households between 81-120 percent AMI.

Fig. 17: Geographic Distribution of Middle-Income Households

Geography	Median Household Income	Ratio Local Median to Boston PMSA Median	Median Family Income	Ratio Local Median to Boston PMSA Median	Estimate of Middle- Income Households (81-120% AMI)	
					Total	% Sample Households (SF3)
Bedford	87,962	1.59	101,081	1.48	583	12.6%
Belmont	80,295	1.46	95,057	1.39	1,297	13.3%
Brookline	66,711	1.21	92,993	1.36	3,452	13.5%
Framingham	54,288	0.98	67,420	0.99	4,038	15.4%
Lexington	96,825	1.75	111,899	1.64	1,211	10.9%
Lincoln	79,003	1.43	87,842	1.29	410	14.6%
Natick	69,755	1.26	85,715	1.25	2,068	15.8%
Needham	88,079	1.60	107,570	1.57	1,321	12.5%
Newton	86,052	1.56	105,289	1.54	3,751	12.0%
Sudbury	118,579	2.15	130,399	1.91	471	8.5%
Waltham	54,010	0.98	64,595	0.95	3,869	16.7%
Watertown	59,764	1.08	67,441	0.99	2,417	16.5%

Fig. 17: Geographic Distribution of Middle-Income Households

Geography	Median Household Income	Ratio Local Median to Boston PMSA Median	Median Family Income	Ratio Local Median to Boston PMSA Median	Estimate of Middle-Income Households (81-120% AMI)	
					Total	% Sample Households (SF3)
CONSORTIUM					24,888	14.0%

Source: Census 2000 Summary File 3, Tables P52, P53, P77.

Renter Households

Approximately 69,000 renter households live in the Consortium's 12 member communities. Measured on the basis of householder age, households headed by persons 25-34 comprise the largest percentage of Consortium-area renters. Although the age distribution of renters overall is not substantially different from that of the Boston PMSA, the Consortium tends to have a slightly younger renter household population. Brookline, Waltham and Watertown have particularly large percentages of young (under 34) renters. To some extent, the presence of many young renters corresponds to a relatively large portion of the population in college dormitories, but this pattern is not uniform throughout the Consortium service area. Fig. 18 provides a profile of renters by householder age.

Fig. 18: Renter-Occupied Housing Units by Age of Householder

Geography	Total Renters	Age of Householder			% Total Renters	
		15-34	35-64	65+	15-34	Over 65
Bedford	915	227	393	295	24.81%	32.24%
Belmont	3,808	1283	1836	689	33.69%	18.09%
Brookline	14,020	6996	4824	2200	49.90%	15.69%
Framingham	11,639	4603	5268	1768	39.55%	15.19%
Lexington	1,944	344	946	654	17.70%	33.64%
Lincoln	1,075	397	644	34	36.93%	3.16%
Natick	3,774	1380	1604	790	36.57%	20.93%
Needham	2,028	294	811	923	14.50%	45.51%
Newton	9,498	3617	3840	2041	38.08%	21.49%
Sudbury	444	69	240	135	15.54%	30.41%
Waltham	12,537	5418	5197	1922	43.22%	15.33%
Watertown	7,743	3438	3184	1121	44.40%	14.48%
CONSORTIUM	69,425	28,066	28,787	12,572	40.43%	18.11%

Source: Census 2000 Summary File 3, Tables H4, H14.

The Consortium's renters are statistically similar to renters throughout the Boston PMSA in another way: more than half are non-family households. This applies not only to the Consortium overall, but also to every community except Lincoln, where families make up a strikingly large percentage of all renters (84 percent). While the Consortium nearly parallels the Boston PMSA for general proportion of family and non-family renters, there is a noteworthy difference in the composition of its family households. For example, 14.4 percent of all renters in the Boston PMSA are families headed by single women, but the same applies to only 9.3 percent of the Consortium's renters. As a result, although families make up a slightly smaller percentage of

Consortium-area renters (40.7 percent) compared to the Boston PMSA (42.8 percent), the families are more likely to be married-couple families.

Fig. 19: Renter Households by Household Type

	Total	Household Type				
		Families			Non-Family	
Geography	Renter-Occupied Units	Married Couples	Single Parent Male	Single Parent Female	One-Person	Two+ Unrelated Persons
Bedford	915	280	29	87	457	62
Belmont	3,808	1,319	124	398	1,367	600
Brookline	14,020	3,483	235	1,033	6,027	3,242
Framingham	11,639	3,403	413	1,665	4,835	1,323
Lexington	1,944	710	33	244	761	196
Lincoln	1,075	796	23	61	157	38
Natick	3,774	1,045	125	284	1,828	492
Needham	2,028	628	15	192	1,051	142
Newton	9,498	2,754	233	768	3,771	1,972
Sudbury	444	149	5	80	200	10
Waltham	12,537	3,339	501	1,054	5,463	2,180
Watertown	7,743	2,213	215	652	2,808	1,855
CONSORTIUM	69,425	20,119	1,951	6,518	28,725	12,112

Source: Census 2000 Summary File 1, Table H17.

Consortium statistics mask some important differences among the participating cities and towns. Setting aside the unusual condition that exists in Lincoln, the reality is that most Consortium communities exceed the Boston PMSA for percentage of renter families even though non-family households account for more than 50 percent of all renter-occupied units. The Consortium's regional similarity to the Boston PMSA is largely attributable to the number of non-family renters in Waltham, Brookline, Newton and Watertown. Where families comprise a somewhat larger proportion of renter households, the difference can partially be explained by the composition of the rental housing inventory.

It is not surprising to find that Lincoln has the Consortium's largest percentage of renter families and largest average renter household size because more than 55 percent of its renter-occupied units are attached single-family dwellings, i.e., townhouses. Framingham has the region's second-largest average renter household size, yet a comparatively small percentage of its renter-occupied units are single-family homes, townhouses and small-scale multifamily housing—units that tend to be attractive to families. In fact, Framingham's largest renter households live in these types of units, but many also live in large multifamily developments—some built as rental housing and others as condominiums—which provide more than 60 percent of the town's entire renter-occupied housing inventory. Although Brookline also has a substantial percentage of renters in large multifamily developments, its renter households are smaller than Framingham's, and far more are non-family households. In contrast, the average renter household size in Lexington and Sudbury is large compared to other communities in the Consortium, but so is the percentage of renter households living in detached single-family homes in each town, especially Sudbury.

Fig. 20: Renter-Occupied Units by Units in Structure

Geography	Renter Units in Sample	Avg. House-hold Size	Units in Structure					
			Single-Family Home	Town-house	2-4 Units	5-19 Units	20+ Units	Mobile Home/ Other
Bedford	915	2.12	9.8%	26.6%	31.5%	18.7%	13.4%	0.0%
Belmont	3,808	2.01	6.7%	3.9%	74.9%	4.1%	10.4%	0.0%
Brookline	14,020	1.93	3.3%	2.5%	25.7%	27.5%	40.9%	0.1%
Framingham	11,639	2.10	6.6%	3.2%	25.8%	24.7%	39.7%	0.1%
Lexington	1,944	2.16	27.2%	4.8%	23.3%	25.5%	19.2%	0.0%
Lincoln	1,075	3.08	15.4%	55.6%	19.9%	7.0%	2.0%	0.0%
Natick	3,774	1.80	11.3%	1.6%	31.5%	37.8%	17.9%	0.0%
Needham	2,028	1.80	15.8%	8.1%	28.8%	15.1%	32.1%	0.0%
Newton	9,498	1.95	8.7%	6.2%	52.5%	15.3%	17.4%	0.0%
Sudbury	444	2.61	47.7%	1.6%	20.0%	2.5%	28.2%	0.0%
Waltham	12,537	1.97	4.6%	3.8%	41.6%	35.6%	14.4%	0.1%
Watertown	7,743	2.05	4.1%	3.8%	65.0%	9.3%	17.8%	0.0%
CONSORTIUM	69,425	2.08	7.1%	4.9%	39.6%	23.0%	25.3%	0.0%

Source: Census 2000 Summary File 3, Table H32.

Since so many renters in Lincoln, Lexington and Sudbury are family households, it makes sense that the same towns have comparatively large percentages of renter families with children under 18. Families with children are much less common in Waltham, Watertown, Brookline and Newton, and proportionally similar to the Boston PMSA-wide average in Framingham, Belmont and Needham. The geographic distribution of rental units suitable for family occupancy is somewhat different, however. While communities such as Newton and Watertown have regionally small percentages of renter families with children, they have regionally large percentages of rental units with two or more bedrooms.

Fig. 21: Families with Children & Suitability of Rental Units for Family Occupancy

Geography	Renter Units in Sample	% Families with	% Units by Number of Bedrooms		
		Children <18	% 0-1BR	% 2BR	% 3+BR
Bedford	915	30.1%	35.4%	43.5%	21.1%
Belmont	3,808	25.1%	15.8%	59.5%	24.7%
Brookline	14,020	15.0%	47.9%	30.9%	21.2%
Framingham	11,639	25.6%	47.2%	37.3%	15.5%
Lexington	1,944	30.8%	27.1%	38.8%	34.1%
Lincoln	1,075	63.7%	6.7%	32.3%	61.0%
Natick	3,774	17.8%	56.1%	28.2%	15.8%
Needham	2,028	22.0%	40.5%	30.3%	29.2%
Newton	9,498	17.4%	33.4%	42.3%	24.2%
Sudbury	444	31.5%	32.9%	27.7%	39.4%
Waltham	12,537	15.2%	47.7%	34.3%	18.0%
Watertown	7,743	14.5%	26.0%	51.3%	22.7%
CONSORTIUM	69,425	19.5%	40.3%	38.2%	21.5%

Source: Census 2000 Summary File 3, Tables H7, H42, HCT1.

The Consortium's renter households are in a different economic position than a majority of renters in the Boston PMSA. Two factors contribute to the significantly higher rental household incomes in Belmont, Lexington, Newton and Watertown: a large percentage of families renting the home they live in, and a large percentage of unrelated people sharing apartments. In April 2000, the median renter household income in the Boston PMSA was \$35,023, yet as Fig. 22 shows, the median renter household income in Belmont was nearly twice that amount and only Framingham and Sudbury fell below the metro-area median. A striking feature of the Consortium's renter household profile is that while Lexington has many renter families whose incomes influence the town's very high median income, it also has a very large percentage of one-person renter households—a trait that correlates with lower renter household incomes in other Consortium communities. With the exception of Needham, Framingham and Brookline, renters pay slightly smaller shares of their monthly income for rent and utilities than is true throughout the Boston PMSA. However, renters living in Brookline and Needham have considerably higher household incomes.

Fig. 22: Renters by Household Wealth, Household Type and Median Housing Costs

Geography	Units in Sample	Median Renter Household Income	Ratio Local Median to Boston PMSA Median	Median Gross Rent % Household Income	Renter Household %	
					Families	Non-Family Households 2+ People
Bedford	915	47,031	1.34	24.2	43.3%	8.5%
Belmont	3,808	60,096	1.72	22.1	48.3%	15.8%
Brookline	14,020	49,375	1.41	27.3	33.9%	23.6%
Framingham	11,639	33,626	0.96	26.5	47.1%	12.5%
Lexington	1,944	58,276	1.66	25.4	50.8%	8.3%
Lincoln	1,075	50,531	1.44	24.5	81.9%	3.1%
Natick	3,774	45,750	1.31	22.9	38.5%	21.5%
Needham	2,028	44,226	1.26	29.7	41.2%	8.0%
Newton	9,498	54,535	1.56	23.1	39.5%	20.9%
Sudbury	444	34,583	0.99	25.6	52.7%	7.7%
Waltham	12,537	42,607	1.22	24.4	39.0%	18.5%
Watertown	7,743	55,271	1.58	22.5	39.8%	25.2%

Source: Census 2000 Summary File 3, Tables H7, H70, HCT12.

Homeowner Households

Approximately 108,800 (61 percent) of the Consortium's 178,000 households own their own home. Householders between the ages of 35-64 comprise well over half of all Consortium-wide homeowners and an unusually large percentage of the homeowners in Sudbury (77 percent). Four communities fall below the Boston PMSA for percentage of homeowners over age 65 (24.2 percent): Framingham, Natick, Sudbury and Brookline. In contrast, homeowners under 35 comprise 11 percent of all homeowners in the Boston PMSA, but only 9 percent in the Consortium area as a whole. Framingham, Natick, Waltham, Watertown and Brookline have comparatively large percentages of under-35 homeowners, yet only Brookline approximates the national average of 13.8 percent.

Fig. 23: Owner-Occupied Housing Units by Age of Householder

	Total Homeowners	Age of Householder			% Total Homeowners	
		15-34	35-64	65+	15-34	Over 65
Bedford	3,705	294	2,472	939	7.9%	25.3%
Belmont	5,909	270	3,731	1,908	4.6%	32.3%
Brookline	11,583	1,579	7,542	2,462	13.6%	21.3%
Framingham	14,512	1,812	9,264	3,436	12.5%	23.7%
Lexington	9,175	381	6,037	2,757	4.2%	30.0%
Lincoln	1,710	79	1,110	521	4.6%	30.5%
Natick	9,306	1,178	6,014	2,114	12.7%	22.7%
Needham	8,587	648	5,616	2,323	7.5%	27.1%
Newton	21,692	1,458	14,085	6,149	6.7%	28.3%
Sudbury	5,076	380	3,915	781	7.5%	15.4%
Waltham	10,677	1,123	6,395	3,159	10.5%	29.6%
Watertown	6,881	720	3,779	2,382	10.5%	34.6%
CONSORTIUM	108,813	9,922	69,960	28,931	9.1%	26.6%

Source: Census 2000 Summary File 1, Tables H4, H16.

In some Consortium communities, homeowners are far more likely to be families than is the case throughout the Boston PMSA. Bedford, Lexington, Sudbury and Needham all have very large percentages of family homeowners, but most of the Consortium is consistent with the metropolitan-area average of 75.8 percent. For different reasons, Watertown and Brookline have much larger percentages of non-family homeowners – Watertown because of its large percentage of elderly homeowners, and Brookline because of its atypical percentage of young and middle-age, one-person households that are relatively affluent. Although Waltham and Watertown have regionally large percentages of single-parent homeowner families, the Consortium overall has a smaller proportion of single-parent homeowners (10 percent) than the Boston PMSA (12 percent). The percentage of homeowners that are single-parent families is conspicuously small in Sudbury, Lincoln and Needham.

Fig. 24: Homeowners by Household Type

Geography	Total Owner-Occupied Units	Household Type				
		Families			Non-Family	
		Married Couples	Single Parent Male	Single Parent Female	One-Person	Two+ Unrelated Persons
Bedford	3,705	2,718	82	234	554	117
Belmont	5,909	3,983	161	488	1,127	150
Brookline	11,583	6,397	267	839	3,420	660
Framingham	14,512	9,649	389	1,071	2,782	621
Lexington	9,175	6,654	196	627	1,489	209
Lincoln	1,710	1,226	36	86	300	62
Natick	9,306	6,140	226	749	1,848	343
Needham	8,587	6,327	120	545	1,407	188
Newton	21,692	14,455	542	1,669	4,256	770
Sudbury	5,076	4,194	82	266	422	112
Waltham	10,677	6,375	359	991	2,458	494
Watertown	6,881	3,481	241	662	2,142	355

Fig. 24: Homeowners by Household Type

	Total	Household Type				
		Families			Non-Family	
Geography	Owner-Occupied Units	Married Couples	Single Parent Male	Single Parent Female	One-Person	Two+ Unrelated Persons
CONSORTIUM	108,813	71,599	2,701	8,227	22,205	4,081

Source: Census 2000 Summary File 1, Table H17.

The kinds of differences that exist between renters in the Consortium and the Boston PMSA are not as obvious among homeowners. Most Consortium communities match or exceed regional averages for family homeownership, and there are some differences in the age composition of the homeowner population. However, homeowners in the Consortium tend to have somewhat smaller households than the Boston PMSA average (2.73) even though many Consortium communities have larger percentages of owner-occupied, detached single-family homes. In Bedford, Lexington, Framingham, Sudbury and Needham, detached single-family homes comprise a significantly larger share of all owner-occupied units; in fact the only communities that fall below the Boston PMSA average of 73.5 percent are Belmont, Watertown and Brookline. In contrast, the only communities with a substantially larger-than-average household size are Sudbury and Needham.

Fig. 25: Owner-Occupied Units by Units in Structure

Geography	Total Units in Sample	Avg. Household Size	Units in Structure					
			Single-Family Home	Town-house	2-4 Units	5-19 Units	20+ Units	Mobile Home/ Other
Bedford	3,706	2.72	89.7%	4.9%	2.0%	0.5%	0.5%	2.4%
Belmont	5,924	2.74	72.8%	1.9%	24.2%	0.5%	0.5%	0.2%
Brookline	11,553	2.48	34.7%	5.9%	24.7%	15.2%	19.5%	0.0%
Framingham	14,514	2.7	86.0%	2.4%	5.6%	2.4%	3.4%	0.1%
Lexington	9,166	2.77	91.3%	4.5%	2.3%	0.8%	1.1%	0.0%
Lincoln	1,715	2.68	78.2%	12.1%	6.2%	2.1%	1.4%	0.0%
Natick	9,306	2.67	83.5%	3.6%	5.9%	5.7%	1.0%	0.3%
Needham	8,584	2.83	92.0%	1.8%	2.0%	0.4%	3.6%	0.2%
Newton	21,703	2.76	76.7%	4.3%	12.2%	1.8%	5.0%	0.0%
Sudbury	5,060	3.06	99.5%	0.1%	0.1%	0.0%	0.2%	0.0%
Waltham	10,670	2.68	77.6%	5.8%	11.0%	4.5%	0.9%	0.2%
Watertown	6,886	2.31	42.3%	7.5%	37.9%	3.7%	8.4%	0.3%
CONSORTIUM	108,787		75.7%	4.2%	11.6%	3.6%	4.7%	0.2%

Source: Census 2000 Summary File 3, Table H32.

Ironically, all but four Consortium communities exceed metro area norms for percentage of family homeowners with children under 18 and families with school-age children even though a majority of the communities have smaller households. Throughout the Boston PMSA, 34 percent of all family homeowners have children under 18. While Framingham, Waltham, Watertown and Brookline have smaller proportions of homeowners with dependent children, the percentages are dramatically larger in Lexington and Sudbury, and noticeably larger in Belmont, Newton and Needham. A higher or lower incidence of families with children does not

correspond neatly to the percentage of owner-occupied single-family homes in Consortium communities, but it does correspond to dwelling unit size. As Fig. 26 shows, 38 percent of all owner-occupied housing units in the Consortium contain four or more bedrooms—a characteristic that sets Consortium-area housing apart from owner-occupied housing units elsewhere in the Boston PMSA, where the comparison standard is 31 percent. Although the Consortium overall is not substantially different from the Boston PMSA as to the mix of housing units occupied by homeowners, its owner-occupied units are larger, and most of its communities have larger percentages of families with children. On balance, however, its homeowner households are smaller.

Fig. 26: Families with Children & Suitability of Owner-Occupied Units for Family Occupancy

Geography	Owner Units in Sample	% Families with Children <18	% Units by Number of Bedrooms		
			% 0-2BR	% 3BR	% 4+BR
Bedford	3,706	35.2%	10.3%	50.5%	39.3%
Belmont	5,924	36.1%	21.3%	39.5%	39.2%
Brookline	11,553	29.8%	40.4%	25.0%	34.6%
Framingham	14,514	31.7%	17.4%	48.3%	34.3%
Lexington	9,166	39.1%	13.9%	41.9%	44.2%
Lincoln	1,715	35.6%	15.3%	26.8%	57.8%
Natick	9,306	35.5%	20.7%	46.0%	33.3%
Needham	8,584	40.3%	13.6%	43.9%	42.5%
Newton	21,703	37.1%	19.2%	39.7%	41.1%
Sudbury	5,060	52.2%	3.7%	30.1%	66.2%
Waltham	10,670	25.1%	29.0%	46.4%	24.6%
Watertown	6,886	21.5%	36.7%	39.9%	23.4%
CONSORTIUM	108,787	34.3%	21.5%	40.7%	37.7%

Source: Census 2000 Summary File 3, Tables H7, H42, HCT1.

Like households living in Consortium-area rental units, homeowners here tend to have much higher incomes than homeowners throughout the Boston PMSA. The only communities with a median homeowner income that falls below that of the Boston PMSA are Watertown and Waltham. In April 2000, the median homeowner household income in the Boston PMSA was \$71,766—or an amount equal to 60-70 percent of the median homeowner income in communities such as Sudbury, Lincoln, Lexington and Bedford. Within the Consortium's service area, Framingham most closely parallels the Boston PMSA for homeowner household wealth, and as a percentage of household income, its median homeowner housing cost is fairly similar to that of the larger metropolitan area. However, the median homeowner housing cost in a majority of the Consortium's communities constitutes a smaller percentage of household income than is the case throughout the Boston PMSA (22 percent). Housing costs consume a somewhat larger-than-average share of homeowner household incomes in Waltham, Watertown and Belmont.

Fig. 27: Homeowners by Household Wealth, Household Type and Median Housing Costs

Geography	Units in Sample	Median Homeowner Household Income	Ratio Local Median to Boston PMSA Median	Median Monthly Housing Costs % Household Income	Owner Household %	
					Families	Non-Family Households 2+ People
Bedford	3,706	102,043	1.42	20.8	82.1%	2.9%
Belmont	5,924	95,339	1.33	22.6	79.0%	1.7%
Brookline	11,553	95,776	1.33	20.6	65.8%	5.3%
Framingham	14,514	75,040	1.05	21.2	76.7%	5.0%
Lexington	9,166	104,623	1.46	22.1	81.5%	1.7%
Lincoln	1,715	118,167	1.65	19.2	80.6%	2.7%
Natick	9,306	80,702	1.12	21.5	76.7%	3.3%
Needham	8,584	100,732	1.40	20.9	81.5%	1.8%
Newton	21,703	103,066	1.44	20.5	77.5%	3.2%
Sudbury	5,060	125,821	1.75	20.6	89.8%	2.0%
Waltham	10,670	67,432	0.94	22.8	71.9%	4.9%
Watertown	6,886	66,417	0.93	22.5	62.8%	5.4%

Source: Census 2000 Summary File 3, Tables H7, H70, HCT12. Note: monthly median housing cost represents homeowners with a mortgage.

Elderly Households

The age that defines “elderly” differs within the housing industry, across state and federal housing programs, and to the general public. After the Housing for Older Persons Act (HOPA) was amended in 1995 to liberalize the fair housing standards for over-55 housing development, many communities changed their zoning to encourage over-55 residential communities and since the mid-1990s, over-55 housing has proliferated throughout the Boston metropolitan area. One consequence of so many independent living units and assisted living facilities in the region’s suburbs is that the public often associates “elderly housing” with “over-55 housing,” but most demographers continue to measure “elderly” as the percentage of persons and householders that are 65 or older in a given geographic area. To distinguish “over-55” from “over-65” in population statistical reports, the Census Bureau classifies persons 55 and older as the nation’s “older population” and persons 65 and older as the “elderly population.”² For purposes of reporting housing suitability, cost and condition, the American Housing Survey also defines “elderly” as 65 and older. These standards differ from the minimum age threshold for a majority of assisted housing programs, which is 62 and older or a person with disabilities, regardless of age. Since the objective of a Consolidated Plan’s needs analysis is to characterize housing needs that exist among various population groups, this report adopts the Census Bureau’s definitions of “elderly” as 65+ years and “older” as 55+ years.³

² See Bureau of the Census, Current Population Survey: Design and Methodology, Technical Paper 63RV (March 2002), The Older Population in the United States, Current Population Reports P20-546 (March 2002), and Age Data at <<http://www.census.gov/population/www/socdemo/age.html>>.

³ CHAS data have been used to complete HUD’s required Table 2A.

Approximately 34 percent of all Boston-area households are headed by an older person, and 21 percent are headed by an elderly person, but older and elderly households constitute a slightly larger percentage of all households in the Consortium. Moreover, some of the Consortium's member communities have much larger percentages of older households, notably Lexington, Needham and Bedford, while the percentage in Brookline is unusually small. Similarly, Lexington and Needham have regionally large percentages of elderly households, as shown in Fig. 28. Excluding Waltham, Watertown and Brookline, the Consortium's elderly households are more likely to be family than non-family households compared to the Boston PMSA.

Fig. 28: Geographic Distribution of Elderly and Older Households

Geography	Elderly Households (Over 65)				Older Households (Over 55)		
	All Households	Total	% Total	% Elderly Families	Total	% Total	% Older Families
Bedford	4,621	1,208	26.1%	59.4%	1,958	42.4%	66.2%
Belmont	9,732	2,639	27.1%	54.0%	4,026	41.4%	60.5%
Brookline	25,594	4,746	18.5%	42.7%	7,719	30.2%	48.8%
Framingham	26,153	5,165	19.7%	52.1%	8,547	32.7%	58.1%
Lexington	11,110	3,375	30.4%	57.5%	5,229	47.1%	64.7%
Lincoln	2,790	577	20.7%	63.1%	935	33.5%	68.4%
Natick	13,080	2,830	21.6%	53.0%	4,591	35.1%	59.1%
Needham	10,612	3,189	30.1%	52.4%	4,718	44.5%	60.0%
Newton	31,201	7,948	25.5%	53.8%	12,333	39.5%	61.0%
Sudbury	5,504	914	16.6%	65.4%	1,807	32.8%	74.8%
Waltham	23,207	4,866	21.0%	50.5%	7,754	33.4%	54.8%
Watertown	14,629	3,568	24.4%	47.6%	5,090	34.8%	51.4%
CONSORTIUM	178,233	41,025	23.0%	52.1%	64,707	36.3%	58.4%

Source: Census 2000 Summary File 1, Table P21.

Approximately .4 percent of all elderly households in the Consortium are families with dependent children, although the comparison statistic for Lincoln is one percent.⁴ In general, most Consortium communities fall well below the state and national average (.4 percent) for over-65 households with one or more children under 18.

Elderly homeownership rates in most of the Consortium's communities are higher than in the Boston metropolitan area, where 67 percent of all elderly households own their home. Lincoln leads the Consortium, for more than 90 percent of its elderly households are homeowners. In contrast, nearly half of Brookline's elderly households are renters. Lower-than-average elderly homeownership rates exist in Waltham and Watertown as well, although both communities are fairly close to the Boston PMSA average. In most cases, there is a strong correlation between the economic position of a community's elderly households and the percentage of its elderly that are homeowners, i.e., higher household incomes correlate with higher rates of homeownership. The noteworthy exception is Brookline, where the median household income of older and elderly households is 30-40 percent higher than the median for households in the same age groups in the Boston metropolitan area. Fig. 29 provides a comparison of household incomes and homeownership rates for households in the 55-64, 65-74 and 75+ age groups in all 12 Consortium communities.

⁴ Census 2000 Summary File 1, Table P20.

Fig. 29: Household Incomes and Homeownership Rates for Older & Elderly Households

Geography	Median Household Income			% Homeowners by Age Group		
	55-64	65-74	Over 75	55-64	65-74	Over 75
Boston PMSA	\$61,768	\$36,829	\$23,267	74.3%	72.1%	62.1%
Bedford	117,769	64,375	39,297	84.5%	86.6%	65.3%
Belmont	93,411	62,745	37,027	77.9%	75.3%	67.9%
Brookline	87,269	48,767	32,578	61.1%	53.8%	43.8%
Framingham	64,904	41,830	23,659	66.5%	69.4%	60.1%
Lexington	105,078	65,931	40,185	84.4%	87.2%	72.8%
Lincoln	109,322	89,626	56,750	84.1%	90.0%	88.8%
Natick	70,547	41,731	27,415	81.3%	74.2%	71.1%
Needham	91,613	58,790	34,716	88.0%	84.4%	63.0%
Newton	99,485	62,011	35,739	80.0%	78.8%	72.3%
Sudbury	123,506	70,104	27,692	90.9%	89.8%	71.5%
Waltham	61,085	37,243	24,632	58.6%	66.1%	61.2%
Watertown	54,207	37,663	24,250	65.0%	68.8%	63.4%

Source: Census 2000 Summary File 1, Table H16; Summary File 3, Table H56.

The data in Fig. 29 show that throughout the Consortium, fairly significant percentages of older and elderly households are homeowners. For all three age groups, the percentages in Waltham, Watertown and Brookline are somewhat smaller than in the Boston PMSA, and for over-75 households, Framingham also drops below the Boston PMSA average of 62 percent. In some communities, however, the percentage of elderly homeowners—both 65-74 and over 75—is very high, such as in Newton, Sudbury, Lexington and Lincoln. Another telling description of housing conditions for elders is the relative proportion of a community's households that are comprised of a particular age group. Fig. 30 reports local median household income by age as a ratio of the Boston PMSA median, together with the percentage of each community's households that are in the same age groups.

Fig. 30: Relative Economic Position of Older & Elderly Homeowners

Geography	Ratio of Median Income to Boston PMSA by Age Group			All Households	Age Group % of All Households		
	55-64	65-74	Over 75		55-64	65-74	Over 75
Bedford	1.91	1.75	1.69	4,621	16.2%	13.3%	12.9%
Belmont	1.51	1.70	1.59	9,732	14.3%	12.4%	14.8%
Boston PMSA	\$61,768	\$36,829	\$23,267	780,653	11.1%	8.2%	10.6%
Brookline	1.41	1.32	1.40	25,594	11.6%	8.2%	10.3%
Framingham	1.05	1.14	1.02	26,153	12.9%	10.3%	9.5%
Lexington	1.70	1.79	1.73	11,110	16.7%	14.4%	16.0%
Lincoln	1.77	2.43	2.44	2,790	12.8%	11.4%	9.2%
Natick	1.14	1.13	1.18	13,080	13.5%	11.4%	10.3%
Needham	1.48	1.60	1.49	10,612	14.4%	12.6%	17.5%
Newton	1.61	1.68	1.54	31,201	14.1%	11.3%	14.2%
Sudbury	2.00	1.90	1.19	5,504	16.2%	10.4%	6.3%
Waltham	0.99	1.01	1.06	23,207	12.4%	10.6%	10.4%
Watertown	0.88	1.02	1.04	14,629	10.4%	11.3%	13.1%

Source: Census 2000 Summary File 1, Table H16; Summary File 3, Table H56.

While the Consortium area overall marginally exceeds the Boston PMSA for percentages of older and elderly households, the statistical similarity is shaped primarily by housing conditions in two communities—Newton and Waltham—with seniors on opposite ends of the income spectrum.

Single-Person Households

The housing needs of single-person households usually involve the cost of housing, the availability of suitable units, such as studio or one-bedroom apartments, one-bedroom condominiums, single-room occupancy (SRO) units or congregate housing, and location, such as ready access to public transportation, goods and services. Since many single-person households are also elderly households, the housing needs of single people often overlap with needs of seniors, such as barrier-free dwellings, the inclusion of meals in rent, or an additional bedroom to accommodate an overnight care provider. However, single-person households are more likely to be under 65 than over 65, especially in urban areas. The national average of one-person householders between 15-34 years of age is 18.6 percent, but in the Boston PMSA it is 20 percent, and in Brookline, young people account for nearly 30 percent of all one-person households. Since one-person households are less prevalent outside of Brookline and Waltham, the Consortium-wide average falls slightly below that of the Boston PMSA.

Compared to the Boston metropolitan area, the Consortium's one-person households are fairly affluent. In two cases—single women under 65 in Framingham and elderly men in Sudbury—the median household income is lower than the corresponding median for the Boston PMSA, but as a rule, one-person households in these communities enjoy a better economic position than their counterparts elsewhere in the region. Moreover, the median household income of single men under 65 in Lincoln exceeds the median income for all households in Brookline (\$66,711), Watertown (\$59,764) and Waltham (\$54,010).

Fig. 31: One-Person Households by Percent Elderly and Median Household Income

Geography	Households		One-Person Households				
			Median Household Income				
			Male Householder		Female Householder		
	Total	% Single	% 65+	Under 65	Over 65	Under 65	Over 65
Bedford	4,621	21.8%	46.9%	60,000	46,429	47,386	22,500
Belmont	9,732	25.9%	45.8%	60,417	26,771	48,984	22,237
Boston PMSA	1,323,487	29.0%	34.7%	\$37,186	\$18,897	\$35,317	\$15,457
Brookline	25,594	36.7%	27.5%	48,101	28,287	47,228	22,667
Framingham	26,153	28.7%	31.8%	32,852	21,366	34,357	16,589
Lexington	11,110	20.8%	59.2%	42,344	57,045	55,924	26,518
Lincoln	2,790	15.8%	44.3%	68,056	0	48,693	24,141
Natick	13,080	28.3%	34.7%	46,823	32,750	42,596	16,712
Needham	10,612	23.4%	59.6%	56,250	31,875	50,344	26,940
Newton	31,201	25.5%	43.6%	50,426	31,442	49,813	22,739
Sudbury	5,504	11.0%	49.5%	50,917	12,105	52,625	18,984
Waltham	23,207	34.2%	29.1%	38,542	19,014	35,672	16,083
Watertown	14,629	34.1%	36.3%	50,872	21,591	45,225	16,976
CONSORTIUM	178,233	28.5%	37.0%				

Fig. 31: One-Person Households by Percent Elderly and Median Household Income

Geography			One-Person Households			
			Median Household Income			
	Households		Male Householder		Female Householder	
	Total	% Single	% 65+	Under 65	Over 65	Under 65

Source: Census 2000 Summary File 1, Table P20; Summary File 3, Table PCT42. Median household incomes are based on cross-tabulations of sample data drawn from the long-form survey. "N/A" for male householders over 65 in Lincoln most likely reflects sampling error due to an extremely small sample size.

Despite the relative wealth of many single people living in the Consortium's communities, one-person households account for nearly half of all households with incomes below the federal poverty threshold. This is not the case in Brookline, Lexington or Lincoln, where households below poverty are more likely to be comprised of families or non-families of unrelated individuals.⁵ However, even for those with incomes at the median in each community, housing costs for small, suitable dwelling units are high throughout the region. There are approximately 1.41 one-person households for every occupied studio or one-bedroom dwelling unit in the Boston metropolitan area.⁶ In the Consortium's 12 communities, the ratio is 1.55 one-person households to studio or one-bedroom units, but in the most affluent suburbs the ratio is much higher. The gross monthly rent for 47 percent of all studio apartments and 59 percent of all one-bedroom apartments is \$750 or more, or amounts generally affordable to median-income, one-person households under 65, but there are very few rental units for one-person, median-income households over 65 or one-person households of any age with incomes at or below 80 percent AMI.

The Consortium's inadequate supply of small housing units contributes to at least two housing problems: over-housed one-person households and rents that are out of reach for low- or moderate-income one-person households. Fig. 32 reports the approximate number and percentage of rental units suitable and affordable to one-person households at 80 percent AMI, by householder age, under April 2000 conditions. At the time, there were approximately 226,450 low- and moderate-income one-person households in the Boston PMSA.

Fig. 32: Distribution and Affordability of Units Suitable for Single-Person Households

Geography	1-Person Household Suitable Units Ratio	All Owner- & Renter Suitable Units	Suitable Renter-Occupied Units			
			Percent LMI Affordable Householder by Age		Total LMI Affordable Householder by Age	
			Under 65	Over 65	Under 65	Over 65
Bedford	3.05	332	49.7%	13.0%	157	41
Belmont	3.58	702	39.2%	10.4%	231	63
Brookline	1.11	8,432	25.8%	4.6%	1,694	306
Framingham	1.23	6,095	54.6%	9.8%	2,941	535
Lexington	3.45	667	43.5%	14.8%	226	78
Lincoln	4.43	100	46.4%	0.0%	26	0

⁵ Census 2000 Summary File 3, Table P92.

⁶ This estimate includes both owner- and renter-occupied units, but in all Consortium communities, 75-90 percent of all zero- and one-bedroom units are rental units.

Fig. 32: Distribution and Affordability of Units Suitable for Single-Person Households

Geography	1-Person Household Suitable Units Ratio	All Owner- & Renter Suitable Units	Suitable Renter-Occupied Units			
			Percent LMI Affordable Householder by Age		Total LMI Affordable Householder by Age	
			Under 65	Over 65	Under 65	Over 65
Natick	1.52	2,427	45.2%	11.5%	956	243
Needham	2.41	1,028	41.7%	13.1%	336	108
Newton	1.91	4,168	39.6%	11.0%	1,210	347
Sudbury	3.43	178	68.5%	13.7%	100	20
Waltham	1.24	6,392	49.3%	5.0%	2,940	299
Watertown	2.12	2,358	39.6%	11.5%	797	232

Source: Census 2000 Summary File 3, Tables H42, H67.

Large-Family Households

Since smaller households are more common in the Consortium than in the Boston PMSA, it is not surprising to find fewer large families as well. A large family is defined as a family of five or more people. The percentage of families that qualify as “large” is consistently smaller in the Consortium’s cities and towns than in the Boston PMSA, with the exception of Lincoln and Sudbury. The same towns also have more dependent children per family than any other community in the Consortium. Despite the higher concentrations of large families in the Consortium’s most affluent suburbs, its less affluent communities exceed the Boston PMSA for percentage of large families in rental units, as shown in Fig. 33.

Fig. 33: Geographic Distribution of Large Families

Geography	All Households	Average Children <18 Per Family	Large Family Households			
			Total	% All Households	Own	Rent
Boston PMSA	1,323,488	0.86	122,686	9.3%	72.2%	27.8%
Bedford	4,621	0.84	383	8.3%	85.4%	14.6%
Belmont	9,732	0.83	689	7.1%	83.7%	16.3%
Brookline	25,573	0.75	1,172	4.6%	62.9%	37.1%
Framingham	26,153	0.81	2,113	8.1%	58.7%	41.3%
Lexington	11,110	0.92	1,069	9.6%	89.1%	10.9%
Lincoln	2,790	1.07	330	11.8%	48.5%	51.5%
Natick	13,080	0.84	928	7.1%	86.2%	13.8%
Needham	10,612	0.95	1,006	9.5%	91.5%	8.5%
Newton	31,201	0.84	2,512	8.1%	87.7%	12.3%
Sudbury	5,504	1.13	697	12.7%	95.7%	4.3%
Waltham	23,207	0.67	1,709	7.4%	58.5%	41.5%
Watertown	14,629	0.60	733	5.0%	64.8%	35.2%
CONSORTIUM	102,155	0.82	12,015	9.3%	75.4%	24.6%

Source: Census 2000 Summary File 1, Tables P26, P34, P36, H15.

Low-income large families need housing that is affordable and suitable for the size and composition of their households. Due to the extraordinarily high cost of housing throughout the Boston metropolitan area, these needs apply to many middle-income families as well, but low-income families are particularly vulnerable to the region's shortage of housing choices. Since large families often have young children, the age and condition of available housing create additional concerns because families with young children need lead-free dwelling units. Furthermore, large families are more likely to experience various forms of housing discrimination: landlords using both overt and subtle means to avoid renting to families with young children, families denied housing on the basis of race and ethnicity, and families unable to find decent housing in new developments due to the exclusion of units with three or more bedrooms.

Most of the Consortium's large families are homeowners, but its large low-income families tend to be concentrated in rental housing. Fig. 34 shows that more than half of all low-income large families in the Consortium are renters, and in most of the communities more than half of all large families living in rental units are low-income.

Fig. 34: Geographic Distribution of Large Families by Income and Tenure

Geography	All Large Families in Sample Size (Summary File 3)	Low- and Moderate-Income Large Families		
		% Renters	As % All Large Families in Renter-Occupied Units	As % All Large Families in Owner-Occupied Units
Bedford	383	24.2%	21.1%	7.6%
Belmont	689	50.5%	47.0%	8.2%
Brookline	1,172	56.2%	31.1%	9.8%
Framingham	2,113	74.7%	66.0%	15.2%
Lexington	1,069	19.1%	18.2%	8.1%
Lincoln	330	100.0%	54.6%	0.0%
Natick	928	24.7%	33.3%	16.4%
Needham	1,006	50.0%	53.0%	4.8%
Newton	2,512	35.4%	35.3%	8.3%
Sudbury	697	7.4%	13.8%	7.5%
Waltham	1,709	58.1%	48.4%	22.6%
Watertown	733	48.3%	45.1%	25.1%

Source: HUD, CHAS 2000 Data.

The racial and ethnic composition of large families in the Consortium varies significantly by city and town. Since the region is primarily White, its large families are primarily White as well. Compared to White households, however, the percentage of large families among African-Americans is much larger in Belmont, Lexington and Needham and much smaller in Sudbury and Watertown; among Asians, the percentage of large families is larger in Lexington, Newton and Sudbury. The only communities that are relatively close to the Boston PMSA-wide average for large Hispanic families are Watertown and Framingham. Hispanic large families comprise less than 1 percent of all large families throughout the Consortium, but more than 22 percent of its large families in rental housing.

While homeowners and renters are about evenly represented in housing units built prior to 1970, this is not the case for new housing built since 1990. Sudbury and Lexington have much

larger percentages of renters in new housing units than other communities in the Consortium, but this is because there has been so little new rental development anywhere in the region. For lower-income large families, the more disturbing trend is the Consortium's net loss of suitable rental units from 1990-2000. Despite an overall increase of 1,319 renter-occupied units over the past decade, the number of rental units with three or more bedrooms dropped by 1,278. In contrast, the region gained more than 6,000 owner-occupied units with three or more bedrooms through a combination of new construction and condominium conversions.

Persons with Disabilities

Approximately 15 percent of the Consortium's population over age five has a disability: a long-term impairment of one or more major life functions, such as sight, hearing or mobility. While young people and working-age adults in most of the Consortium communities are less likely to have a disability, this is not true for frail elders. Among persons over 75, the percentage with a disability is slightly larger in the Consortium as a whole than in the Boston PMSA.

Fig. 35: Disability Population by Age Group

Geography	Population Over 5	% Disability	Percent with Disability by Age Group				
			5-15	16-20	21-64	65-74	75+
Bedford	11,141	12.5%	4.8%	4.5%	10.6%	14.7%	46.9%
Belmont	22,480	13.6%	5.1%	10.6%	11.0%	20.2%	42.2%
Brookline	53,832	13.4%	3.4%	12.3%	11.0%	22.1%	51.5%
Framingham	60,700	20.5%	7.5%	16.6%	20.9%	23.8%	46.5%
Lexington	28,101	12.1%	4.4%	12.6%	9.8%	13.8%	40.4%
Lincoln	6,529	9.8%	6.6%	19.5%	7.6%	10.7%	34.6%
Natick	29,347	13.6%	6.3%	12.7%	10.7%	20.2%	52.8%
Needham	26,254	11.6%	3.1%	10.5%	9.0%	11.9%	43.2%
Newton	78,705	12.6%	4.2%	8.4%	10.4%	20.7%	41.4%
Sudbury	15,158	9.9%	4.6%	11.9%	9.9%	11.1%	45.0%
Waltham	55,639	17.9%	5.1%	11.9%	17.5%	26.3%	43.6%
Watertown	31,038	19.1%	7.8%	10.8%	16.4%	28.0%	49.2%
CONSORTIUM	418,924	14.9%	5.1%	11.6%	13.4%	20.6%	45.0%

Source: Census 2000, Summary File 3, Table P42.

Measured on the basis of households, more than 20,000 renter and homeowner households in the Consortium include a person with a disability, and according to HUD, 36 percent have housing problems. Figs. 36 and 37 provide a consolidated report of CHAS 2000 data for the Consortium's 12 member communities. The data include renter and homeowner households in which at least one family member has a long-lasting condition that substantially impedes basic physical activity, such as walking or climbing stairs, and/or a physical, mental, or emotional condition that interferes with personal self-care. On a Consortium-wide basis, there is an unmet need for 7,676 suitable housing units to serve these households.

Fig. 36: Housing Needs of Disability Households in Rental Housing

Household Income Range	1 & 2 Members		All Other Households	Total
	Extra Elderly	Elderly		
Household Income <=50% MFI	1,993	1,023	2,012	5,028
Household Income <=30% MFI	1,350	697	1,373	3,420
With any housing problems	640	308	879	1,827
In %	47.4%	44.2%	64.0%	53.4%
Household Income >30 to <=50% MFI	643	326	639	1,608
With any housing problems	355	198	419	972
In %	55.2%	60.7%	65.6%	60.5%
Household Income >50 to <=80% MFI	439	186	572	1,197
With any housing problems	260	47	249	556
In %	59.2%	25.3%	43.5%	46.4%
Household Income >80% MFI	724	237	1,573	2,534
With any housing problems	195	80	299	574
In %	26.9%	33.7%	19.0%	22.6%
Total Households	3,156	1,446	4,157	8,759
With any housing problems	1,510	652	1,856	4,017
In %	47.9%	45.1%	44.6%	45.9%

Source: HUD, CHAS 2000.

Fig. 37: Housing Needs of Disability Households in Owner-Occupied Housing

Household Income Range	1 & 2 Members		All Other Households	Total
	Extra Elderly	Elderly		
Household Income <=50% MFI	1,544	475	590	2,609
Household Income <=30% MFI	614	161	267	1,042
With any housing problems	476	133	208	817
In %	77.5%	82.6%	77.9%	78.4%
Household Income >30 to <=50% MFI	930	314	323	1,567
With any housing problems	410	186	190	786
In %	44.1%	59.2%	58.8%	50.2%
Household Income >50 to <=80% MFI	911	286	469	1,666
With any housing problems	233	103	244	580
In %	25.6%	36.0%	52.0%	34.8%
Household Income >80% MFI	1,854	1,124	4,176	7,154
With any housing problems	167	125	655	946
In %	9.0%	11.1%	15.7%	13.2%
Total Households	4,309	1,885	5,235	11,429
With any housing problems	1,341	581	1,327	3,251
In %	31.1%	30.8%	25.3%	28.4%

Source: HUD, CHAS 2000.

Persons with HIV/AIDS

According to the Massachusetts AIDS Surveillance Report, 583 people in the WestMetro HOME Consortium were living with HIV/AIDS as of January 1, 2005. Only one facility serves persons with HIV/AIDS in the 12 communities. The Hurley House Recovery Home in Waltham identifies men with HIV/AIDS as one of its target populations. The Hurley House, a substance abuse

treatment center, provides long-term residential treatment (more than 30 days) for up to 20 individuals with co-occurring mental and substance abuse disorders. Eligible clients include men with HIV/AIDS and men returning to the community from the criminal justice system that have substance abuse addictions.

Needs of Households with Cost Burden and Severe Cost Burden

Approximately 42,000 Consortium households spend more than 30 percent of their income on housing. While 56 percent of these cost-burdened households are renters, housing affordability is a more serious problem for homeowners in the region's affluent suburbs. About 12 percent of all households are severely cost burdened, i.e., they spend more than 50 percent of their income on housing, and most are renters. The largest percentages of severely cost-burdened renters are found in Brookline, Needham and Sudbury, and the largest percentages of severely cost-burdened homeowners, in Belmont, Brookline and Watertown. Fig. 38 summarizes the incidence of housing cost burden by community and for the Consortium as a whole.

Fig. 38: Cost-Burdened and Severely Cost-Burdened Households by Tenure

	Households In Sample	Renter Households			Homeowner Households		
		Total	Cost Burden		Total	Cost Burden	
			>30%	>50%		>30%	>50%
Bedford	4,311	907	36.5%	16.9%	3,404	16.0%	3.3%
Belmont	8,097	3,808	30.8%	16.4%	4,289	25.8%	11.1%
Brookline	18,363	13,949	43.6%	22.8%	4,414	23.5%	11.4%
Framingham	24,159	11,639	40.0%	16.2%	12,520	21.7%	6.9%
Lexington	10,321	1,939	37.5%	17.1%	8,382	22.7%	8.3%
Lincoln	2,490	1,064	43.6%	12.2%	1,426	21.8%	8.2%
Natick	11,582	3,753	29.0%	13.3%	7,829	20.6%	7.6%
Needham	9,713	2,015	49.3%	30.7%	7,698	20.2%	7.6%
Newton	26,005	9,498	33.6%	14.6%	16,507	21.4%	8.5%
Sudbury	5,257	444	45.6%	20.0%	4,813	22.5%	8.4%
Waltham	21,232	12,537	35.0%	15.0%	8,695	25.3%	9.2%
Watertown	11,002	7,734	30.2%	11.4%	3,268	25.6%	10.3%
CONSORTIUM	152,532	69,287	36.9%	16.8%	83,245	22.1%	8.3%

Source: Census 2000, Summary File 3 Tables H69, H94.

For low- and moderate-income households, small households, the elderly and large families, housing cost burden is far more pronounced. Fig. 39 reports the estimated number of cost-burdened and severely cost-burdened households by income range and household type on a Consortium-wide basis. Cost burden is the most pervasive of all housing problems that affect lower-income households in the 12-town/city area.

Fig. 39: Housing Problems and Housing Cost Burden by Income Group

Housing Need		Household Income Range		
		<=30% AMI	>30 To <=50% AMI	>50 To <=80% AMI
Renters By Household Type				
Elderly	Number Of Households	5,274	2,751	1,797
	Any Housing Problems	2,816	1,805	1,082
	Cost Burden > 30%	2,753	1,791	1,048
	Cost Burden >50%	1,792	1,106	372
Small Related	Number Of Households	2,712	2,357	3,290
	With Any Housing Problems	2,050	1,761	1,776
	Cost Burden > 30%	1,905	1,628	1,564
	Cost Burden >50%	1,564	662	340
Large Related	Number Of Households	316	485	592
	With Any Housing Problems	262	387	388
	Cost Burden > 30%	190	233	212
	Cost Burden >50%	98	42	0
All Others	Number Of Households	4,325	2,649	4,176
	With Any Housing Problems	2,813	2,159	2,446
	Cost Burden > 30%	2,778	2,100	2,369
	Cost Burden >50%	2,358	1,218	604
Homeowners By Household Type				
Elderly	Number Of Households	2,914	4,175	4,384
	With Any Housing Problems	2,517	2,345	1,160
	Cost Burden > 30%	2,517	2,335	1,160
	Cost Burden >50%	1,872	1,008	510
Small Related	Number Of Households	868	1,159	2,266
	With Any Housing Problems	715	959	1,545
	Cost Burden > 30%	711	939	1,521
	Cost Burden >50%	685	705	755
Large Related	Number Of Households	127	295	713
	With Any Housing Problems	93	249	476
	Cost Burden > 30%	89	234	428
	Cost Burden >50%	85	181	234
All Others	Number Of Households	914	634	1,244
	With Any Housing Problems	748	432	770
	Cost Burden > 30%	744	422	750
	Cost Burden >50%	641	273	389

Source: HUD, CHAS 2000 Data. Totals in Table IV-27 represent the sum of data for all 12 communities as reported in the CHAS Data Book.

Needs of Persons Living in Over-Crowded Conditions

Approximately 4,000 households in the Consortium's 12 member communities are under-housed. In HUD terms, these households are considered "overcrowded" because they are too large for the dwelling unit they occupy, measured by the presence of more than 1.01 persons per room. While overcrowding is not a major problem on a Consortium-wide basis, Framingham, Waltham and Brookline exceed the Boston PMSA average of 3.2 percent.

Fig. 40: Overcrowded Households by Tenure

Geography	Occupied	%	Homeowners		Renters	
	Units	Crowded	Total	% Crowded	Total	% Crowded
Bedford	4,621	0.8%	3,706	2.4%	915	0.4%
Belmont	9,732	1.0%	5,924	1.9%	3,808	0.3%
Brookline	25,573	3.1%	11,553	4.4%	14,020	1.6%
Framingham	26,153	4.7%	14,514	8.7%	11,639	1.5%
Lexington	11,110	0.8%	9,166	2.9%	1,944	0.3%
Lincoln	2,790	0.2%	1,715	0.6%	1,075	0.0%
Natick	13,080	1.4%	9,306	3.8%	3,774	0.4%
Needham	10,612	0.4%	8,584	1.8%	2,028	0.0%
Newton	31,201	1.3%	21,703	2.7%	9,498	0.6%
Sudbury	5,504	0.0%	5,060	0.0%	444	0.0%
Waltham	23,207	3.9%	10,670	6.0%	12,537	1.5%
Watertown	14,629	1.9%	6,886	2.7%	7,743	0.9%
CONSORTIUM	178,212	2.3%	108,787	4.6%	69,425	0.8%

Source: Census 2000 Summary File 3, Table H20.

Nearly 80 percent of the Consortium's overcrowded households are renters, and one-third of the overcrowded renters live in Framingham. Overcrowding is most notable among renters 25-34 and 35-44, in Framingham and Waltham. Some of the region's overcrowded households are both under-housed and poorly housed. For example, there are 57 overcrowded families in units without complete plumbing, primarily in Waltham. About one-third of Waltham's overcrowded renters in substandard units have incomes below the poverty threshold.⁷

Needs of Persons Living in Substandard Conditions

Due to differences in size and local government capacity in the Consortium's member communities, the federal census is the only source of systematically collected data on substandard housing conditions. Fig. 41 reports a range of physical and financial characteristics that usually suggest problems with housing quality.

Fig. 41: Indicators of Housing Quality Problems

Geography	Units Lacking	Units Lacking	Vacant Units	Renter-Occupied Units
	Complete	Complete	Built Prior to	Built Pre-1970 and
	Plumbing	Kitchen	1940	Affordable to 30% AMI
		Facilities		Households
Bedford	19	8	0	35

⁷ Census 2000, Summary File 3 Tables H20, H21, H22, HCT28.

Fig. 41: Indicators of Housing Quality Problems

Belmont	40	11	171	75
Brookline	175	148	481	649
Framingham	189	201	84	833
Lexington	28	53	134	75
Lincoln	7	0	0	10
Natick	42	31	68	210
Needham	<u>9</u>	<u>8</u>	<u>78</u>	<u>95</u>
Newton	64	159	383	444
Sudbury	10	8	13	10
Waltham	175	176	245	622
Watertown	35	47	144	205
CONSORTIUM	793	850	1,801	3,263

Source: Census 2000 Summary File 3, Tables H51, H52, H34, H36; CHAS Data Book, "Affordability Mismatch" series.

Disproportionate Needs of Racial or Ethnic Groups

Nearly 11 percent of all households in the WestMetro HOME Consortium are racial minorities, primarily African-Americans and Asians. The number of Hispanic households is roughly half the number of racial minorities, and most of the Consortium's Hispanic population is White. Overall, minority households comprise a smaller percentage of households in the Consortium than in the Boston PMSA (14.3 percent) or the state (12.5 percent), but Framingham, Waltham and Brookline exceed the state average, and Framingham and Waltham also exceed the Boston PMSA average. Of all communities in the Consortium, Sudbury has the smallest number (270) and percentage (4.9 percent) of minority households. Consortium-wide, there is a shortage of housing choices for minority and Hispanic households. As shown in Fig. 42, they are disproportionately concentrated in rental housing in virtually every community in the region.

Fig. 42: Geographic Distribution and Tenure of Minority and Hispanic Households

Geography	Total Households	% Minority Households	% Minority Renters	% Hispanic Households	% Hispanic Renters
Bedford	4,621	6.5%	18.5%	0.7%	75.8%
Belmont	9,732	6.0%	54.1%	1.8%	47.1%
Brookline	25,573	16.6%	65.9%	2.8%	63.7%
Framingham	26,153	16.1%	71.3%	7.8%	75.9%
Lexington	11,110	10.7%	22.6%	0.8%	46.7%
Lincoln	2,790	9.8%	60.9%	3.4%	90.5%
Natick	13,080	6.4%	43.8%	1.2%	50.6%
Needham	10,612	3.3%	32.2%	0.3%	75.0%
Newton	31,201	8.3%	35.5%	1.6%	37.1%
Sudbury	5,504	4.9%	11.9%	0.5%	20.0%
Waltham	23,207	13.6%	74.9%	6.1%	78.6%
Watertown	14,629	6.7%	63.6%	1.8%	87.6%
CONSORTIUM	178,212	10.7%	58.1%	3.1%	70.0%

Source: Census 2000, Summary File 3 Tables H9, H10.

In addition, Fig. 43 shows that in most communities, the incidence of housing affordability and housing quality problems is higher among Asian, African-American and Hispanic renters than White renters. Hispanic and African American renters are particularly affected by housing cost burden.

Fig. 43: Incidence of Housing Problems by Tenure and Race & Hispanic Origin (Percent)

Community	White		Black		Asian		Hispanic	
	Rent	Own	Rent	Own	Rent	Own	Rent	Own
Bedford	33.5	18.8	0.0	0.0	0.0	0.0	100.0	70.6
Belmont	28.3	27.4	41.2	31.6	50.0	47.5	21.3	45.7
Brookline	39.5	31.8	54.7	46.9	54.5	46.3	45.2	38.0
Framingham	38.3	27.3	51.8	43.9	39.3	31.5	61.0	58.6
Lexington	38.6	24.5	60.7	27.4	40.5	29.4	36.8	30.4
Lincoln	15.9	20.2	11.8	10.5	0.0	33.7	0.0	10.0
Natick	28.0	22.2	0.0	16.0	42.1	27.8	52.8	36.9
Needham	47.2	25.0	35.9	26.4	46.2	28.0	0.0	16.7
Newton	31.3	25.3	47.3	30.9	41.8	37.0	55.3	48.8
Sudbury	38.9	21.8	0.0	0.0	0.0	20.3	0.0	0.0
Waltham	33.1	29.0	47.9	43.2	40.5	39.2	59.3	55.8
Watertown	27.7	27.4	53.8	47.2	31.7	28.1	51.3	51.3

Source: CHAS Data Book.

HOMELESSNESS NEEDS ASSESSMENT⁸

There are 23 Continuum of Care regions in Massachusetts, formed in response to HUD's annual competitive application process for Continuum of Care funds. The Continuum of Care regions bring communities together in a coordinated planning effort to alleviate homelessness. Communities in the WestMetro HOME Consortium are served by two Continuums: the Brookline-Newton-Watertown Continuum of Care, and the WestMetro Continuum of Care, which includes Framingham, Waltham, Marlborough, Natick and Hudson.

Within the Brookline-Newton-Watertown Continuum of Care geographic area, the entity that meets regularly to carryout this goal is the Homelessness Consortium. Formed in the mid-1990s, the Consortium is made up of representatives from nonprofit organizations, municipal government, state agencies, businesses and religious organizations, as well as homeless and formerly homeless people. Similarly, the MetroWest Continuum of Care represents social service agencies, area shelters, local government officials, homeless and formerly homeless people, local residents and businesses.

NATURE AND EXTENT OF HOMELESSNESS

An important activity that the Brookline-Newton-Watertown Homelessness Consortium undertakes annually to better plan for the alleviation of homelessness is the annual point-in-time survey of homeless people within the Consortium communities. The survey provides a "point-in-time" snapshot of homeless people and their needs. The most recent point-in-time count was conducted on February 26, 2004. On February 26, 2004 a point-in-time survey was sent to all housing and service providers within the Consortium, and to individuals identified as homeless. The Consortium found that there were a total of 201 identified homeless persons living in shelters, transitional or permanent housing. This includes persons in families, single adults, and unaccompanied youth.⁹

The survey form used for both the sheltered and unsheltered count was designed to capture information necessary to determine if the person met the HUD definition of being chronically homeless, to determine whether the respondent was part of a HUD-identified subpopulation and also to gather demographic information, reasons for homelessness and information on housing and service needs. Phone and electronic outreach was conducted prior to the day of the survey to remind agencies of the importance of their participation. To ensure adequate coverage within the Consortium on the day of the survey, staff from the Town of Brookline and the City of Newton was available to help administer the survey. Completed survey forms were mailed to the Brookline Planning and Community Development Department, where staff followed up on any confusing responses and tabulated the results.

Needs in the WestMetro Continuum of Care are based on a comparison of the information received from an inventory update (i.e. length of stay, numbers turned away) and the results of a point-in-time survey. The demand for permanent supportive housing for homeless individuals is evidenced by the number of homeless people living in transitional housing programs and waiting for permanent supportive housing units. A very high percentage of the homeless people in those units are chronically homeless. South Middlesex Opportunity Council Shelters report

⁸ Newton, Watertown & Brookline are in the same COC area; Waltham, Framingham and Natick in another.

⁹ See Consolidated Plan submissions from individual communities for detailed breakdown of point-in-time survey data.

that more than 70 percent of their shelter population is comprised of chronically homeless persons.

NEEDS OF HOMELESS INDIVIDUALS AND OF FAMILIES WITH CHILDREN

In the Brookline-Newton-Watertown Continuum of Care, the priority needs of homeless individuals and families were determined based on needs identified by homeless respondents to the point-in-time survey on February 26, 2004; the annual update to the inventory of emergency shelter, transitional housing and permanent supportive housing facilities specifically for homeless people; and the information gathered from the focus group for service needs of people who are homeless or at-risk of homelessness, described more fully in the Human Service needs assessment section of Newton's Consolidated Plan submission.

When asked to identify their needs, all of the individuals and families surveyed on February 26, 2004, overwhelming, though not surprisingly, said they needed permanent housing. The second biggest identified need was for job finding/training assistance (35 percent), followed by transportation assistance (31 percent). Other needs cited included domestic violence services, counseling, health care (including prescription assistance) and detoxification assistance.

The needs gathered from the point-in-time survey were almost identical to those developed by the focus group for service needs of people who are homeless or at-risk of homelessness. The need for all types of housing—emergency shelter, transitional housing, permanent supportive housing and permanent affordable housing—was echoed by the focus group. Additionally, job training and employment opportunities, transportation assistance, mental health counseling services and substance abuse treatment were again cited as needs. Homelessness prevention, in the form of financial assistance to maintain housing, was also cited as a priority need.

CONTINUUM OF CARE SYSTEM & COORDINATION NEEDS

During the 2004 application process for HUD Continuum of Care funds, the Planning Committee of the Brookline-Newton-Watertown Homelessness Consortium analyzed the current Continuum of Care system to determine planning and coordination needs. These needs were then discussed at a meeting of the entire Homelessness Consortium to obtain feedback and make any needed additions or corrections. The needs are summarized below. Actions developed to address these needs are discussed later in the Housing and Homeless Strategic Plan section of this Plan.

- Need to improve the Consortium's coordinated response to assist unsheltered chronically homeless people with appropriate street outreach and access to services

For years, the Brookline Health Department and the Brookline Mental Health Center have conducted successful street outreach to unsheltered homeless people, especially persons with serious mental illness and/or substance abuse. They assess and engage individuals and assist them with accessing and obtaining shelter and services. The Homelessness Consortium will work to establish Continuum-wide protocols based on the Brookline model.

- Need to improve the Consortium's ability to plan and implement strategies to end homelessness in the overall Metro West region (the area covered by the Brookline-Newton-Watertown Continuum of Care and the MetroWest Continuum of Care)

Homelessness is a regional problem, and many of the services provided to assist homeless individuals and families are provided across jurisdictional boundaries. As a result, the Homelessness Consortium recognizes the need to be able to join with the adjacent MetroWest Continuum in coordinated planning efforts to alleviate homelessness.

Continuum of Care Gaps Analysis

Fig. 44 is taken from the Brookline-Newton-Watertown Continuum of Care application. It shows a need to expand the current inventory of facilities available to shelter and house both homeless individuals and families. The largest needs are for additional permanent supportive housing units for homeless individuals and for additional emergency shelter and permanent supportive housing units for homeless families.

Fig. 44: Continuum of Care Shelter and Housing Gaps Analysis

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals				
Beds	Emergency Shelter	15	0	5
	Transitional Housing	4	0	5
	Permanent Supportive Housing	122	5	50
	Total	141	5	60
Persons in Families with Children				
Beds	Emergency Shelter	154	0	15
	Transitional Housing	83	0	0
	Permanent Supportive Housing	12	0	15
	Total	249	0	30

It is also worth reiterating that there is a tremendous need for permanent affordable housing in general. The emergency shelters and transitional housing facilities in the Continuum and across Massachusetts are operating at full capacity with increased lengths of stay. Until more permanent affordable housing opportunities become available, this situation is not likely to improve.

According to data for the MetroWest Continuum of Care area, the need for shelter and permanent supportive housing for homeless families is not as great as it is for individuals. The greatest need among the families is for affordable permanent housing, not necessarily with a supportive services component. The latest Gaps Analysis for the MetroWest Continuum of Care was performed in March 2004. A quick snapshot of the census of the population needs can be seen in Fig. 45.

Fig. 45: WestMetro Continuum of Care Gaps Analysis

	Sheltered	Unsheltered	Total
Individuals	604	127	731
Persons in Families, with Children	182	182	364

Source: Town of Framingham Draft Consolidated Plan.

In addition, the South Middlesex Opportunity Council (SMOC), a provider of housing and services for the homeless, conducted a count in March 2004 of mainly the sheltered population in facilities serving the Framingham area. That count yielded 221 persons in homeless families and 166 single adults. Including sheltered and unsheltered persons, the total numbers of homeless persons (single or in families) could exceed 1,000.

POPULATIONS WITH SPECIAL NEEDS (OTHER THAN HOMELESS) NEEDS ASSESSMENT

Populations with special needs are discussed below. This portion of the Consolidated Plan includes excerpts from plans prepared by individual member communities. Due to formatting differences in their submissions, it is not possible to combine, tabulate and report special needs statistics for the Consortium as a whole.

ESTIMATED NUMBER OF PERSONS IN NEED OF SUPPORTIVE HOUSING AND THEIR NEEDS

Cutbacks in state funding have made it increasingly difficult to identify and serve special needs populations. Often, special needs populations overlap with other target groups that have high-priority service needs, such as the homeless and the elderly. Populations in need of supportive housing include persons with disabilities (physical, developmental and severe mental illness), the elderly and frail elderly, persons with alcohol and other drug addictions, persons with HIV/AIDS, families fleeing from domestic violence, and low-income families that could benefit from participation in an organized program to achieve self sufficiency.

Elderly & Frail Elderly

NEWTON. Newton has 3,584 low- and moderate-income elderly households representing approximately 52 percent of the total low- and moderate-income households in Newton. According to the U.S. Census 2000, Newton had a total of 3,866 elderly persons with at least one disability. Approximately 952 (63 percent) of the 1,505 affordable housing units are dedicated to use by the elderly. Two hundred and ninety-three of these affordable elderly units are dedicated to frail elderly and elderly persons with physical disabilities.

There are a number of nonprofit organizations located in Newton and adjacent communities that provide housing and/ or supportive services to the elderly and the frail elderly, including the Newton Housing Authority, the Newton Community Development Foundation, Jewish Community Housing for the Elderly, Springwell, Inc., Community Living Network, Inc., Committee to End Elder Homelessness, the Newton Council on Aging and the Newton Senior Center. There are two for-profit companies that provide elderly housing and management services in Newton: Benchmark Assisted Living, which owns and manages the Evans Park (formerly Vernon Court), 430 Centre Street and The Falls at Cordingly Dam (2300 Washington Street) developments and Meredith Management Corporation, which owns and manages the Peirce House located at 88 Chestnut Street.

CASCAP, a nonprofit housing development organization located in Cambridge has recently completed a 35-unit rental development for income-eligible individuals and/or their spouses who are at least 62 years old. The Nonantum Village Place development, located at 239 Watertown Street, provides a total of 34 units of affordable housing. Like other housing providers—the Newton Housing Authority and the Jewish Community Housing for the Elderly, for example—CASCAP is partnering with Springwell, Inc. to provide supportive services to its residents. Cooperative Living of Newton, Inc. is currently in the process of rehabilitating 45 Pelham Street, a former nursing home, into ten units of rental housing for very low- and low-income elders. The \$2.8 million development is scheduled to be completed by fall 2005.

The types of supportive services that are available to the elderly and frail elderly in Newton include meals (home-delivered or at the Newton Senior Center lunch site); transportation;

counseling; help with daily activities such as monitoring medications, bathing, and dressing; financial management; shopping; recreational/fitness; and educational programming, etc. Through the Newton Health Department, residents of all ages, including the elderly, may visit a public health nurse at various locations throughout the City including the Senior Center, City Hall and the Newton Free Library for monitoring and referrals.

The housing and supportive services needs of the elderly/frail elderly are similar to other special needs populations. Depending on their individual needs, elders may require occasional services—transportation to a medical appointment, for example—or a variety of interrelated services such as daily hot meals, counseling and ongoing case management related to mental health, transportation, etc. The Newton Council on Aging and the Senior Center estimates that the two greatest needs affecting seniors are the lack of adequate transportation services and the lack of an informational clearinghouse where both providers and seniors in need can access information and referrals about the availability of services and programs.

For example, although transportation is available to Newton seniors, it is primarily limited to medical appointments and grocery shopping. There are a number of unmet transportation needs that service providers have identified including transportation to hospitals to visit a sick spouse, attending worship services or shopping at a mall, all of which help ameliorate senior isolation and loneliness. In addition, lack of public transportation and linguistic barriers prevent some seniors from accessing needed services.

Although the exact number of elders that need housing and supportive services cannot be identified with any certainty, data from Springwell, Inc. helps to illuminate the degree of need. As of August 2004, Springwell, Inc. was providing medical escort services, money management assistance, volunteer shoppers, group adult foster care services, home care assistance and assistance through The Friendly Visitor Program to approximately 400 elders. At the time, there were 20 seniors on the waiting list for services. This statistic does not including the following: 233 seniors receive regional transportation services; 250 seniors receive home-delivered meals, 50-60 seniors receive a hot lunch at the Newton Senior Center, and 44 caregivers receive support services in caring for their elderly family member.

The Newton Senior Center provides services to 3,000 seniors on an annual basis. Through its Elder Grants Program, the Newton Housing Rehabilitation Fund averages approximately 80 grants or loans per year for repairs, rehabilitation and accessibility improvements to enable low-income and elderly homeowners with disabilities to age in place within their homes. However, the Newton Senior Center reports that one of the unmet needs of Newton seniors is the ability for non-income eligible residents to finance small- to medium-range home repairs and accessibility modifications.

BELMONT. In 2000, there were 2,608 elderly one- and two-person households in Belmont. Of these, 72 percent were homeowners. Nine-hundred-and-four elderly households had affordability problems (34.6 percent of all aging one- and two-person Belmont households). The vast majority (88.3 percent) of these elderly households with affordability problems were low-income (0-80 percent of median). Of Belmont's 904 low-income elderly households with affordability problems, 439 were homeowners and 359 were renters. All 904 paid more than 30 percent of their income for housing and more than half of all renters (211 of 359) paid more than half of their income for housing, as did 207 owners. Most were eligible for state public housing.

These statistics suggest a need for affordable housing for the elderly, though it may involve fewer households today than even ten years ago, since Belmont's elderly population is decreasing. Discussions with the Belmont Housing Authority (BHA), however, suggest the demand for affordable elderly rental housing is largely being met. As of July 2004, there were 254 Belmont households on the waiting list for elderly public housing units in Belmont, and the BHA reported an average wait of 6-12 months (on average 10-15 units turn over each year).

The Director of the Council on Aging reported that many elderly homeowners feel financially squeezed and that some of them would like to downsize but have not done so because there are few housing alternatives for them if they want to stay in Belmont. She also reported that many elderly residents who want to stay in place have trouble paying for home care services. In addition, regulatory limits on the number of hours of home care assistance present problems. This, combined with the growth in the population over age 85, suggests a need for affordable supportive housing for the elderly, including assisted living. The Town has, however, approved a proposal to develop a 482-unit Continuing Care Retirement Community, of which 30 units will be affordable to households with incomes at or below 120 percent of median, including some units for households with incomes in the 50-80 percent of median range. This may help address some of the elderly housing needs.¹⁰

BROOKLINE. The Brookline Council on Aging conducted a survey of 302 elders over the age of 85 in 1999 and found that the three greatest needs were transportation, home care and affordable housing. In 2001, Springwell, the area agency on aging that provides services to elders in eight communities including Brookline, conducted a needs assessment that identified four key needs. The needs identified were transportation, affordable housing, home care and paying for medication. Since individuals are living longer, they are drawing on fewer resources while requiring new services and putting a greater demand on existing services. To meet this ever-growing need, independent senior housing facilities and the Brookline Housing Authority have incorporated both health care and other supportive social services, particularly for the very low- and low-income, into their developments because of the associated illnesses and impairments due to living longer.

The Brookline Council on Aging works with a small number of elderly persons per year who have or may become homeless. This is not due only to lack of income, but also to the health of disabled, mentally ill, visually impaired and frail elderly who may require a range of specialized services. Increasingly, staff in subsidized elderly developments are identifying and assisting those who are quietly failing and in need of services. Data from the 1990 U.S. Census indicated that there was an immediate need for at least 950 units of subsidized elderly housing in Brookline, especially elderly housing with assisted living services for the special needs elderly population as reported by the Town's Council on Aging. In 2000, with the provision of 17 affordable assisted-living units under the Town's inclusionary zoning by-law, in addition to a nine-unit building developed specifically for homeless elders, Brookline began to make strides to meet the needs of its special needs elderly population.

Based on information gathered from needs assessments provided by Springwell and the Council on Aging, the Town has been able to confirm that there is a need for supportive services for the frail elderly in existing rental housing. In an effort to make necessary provisions, many agencies within Brookline have created vital assistance programs to minimize the

¹⁰ See Belmont Consolidated Plan, Table 9.

identified disparities among the elderly populace. Transportation has consistently been the number one need on elderly needs assessments, along with that of home care for the frail elderly. With this in mind, the Brookline Elder Taxi System was designed to provide low and moderate-income elderly residents in the Town of Brookline with a 50 percent discount on cab fares. Typically up to 800 elders participate yearly in this program. In addition, the Home Escort Linkage Program (HELP) provides elders, especially those who may be disabled or limited in mobility, with home care assistance in executing essential everyday tasks that many frail elders are no longer capable of performing. Elders are matched with trained, supervised workers who assist in laundry, light housekeeping, escort to appointments, companionship and errands.

For those elderly facing more challenging physical and physiological disabilities such as severe mental illness, vision impairments, and alcohol/other drug abuse, the Visually Impaired Elders program and the Brookline Community Mental Health Center offer a variety of comprehensive services in an attempt to close the gaps between need and current inventory in the elderly community.

The Brookline Visually Impaired Elders project, serving elders aged 60+ who are at risk of losing their independent living status due to significant sight loss, is overseen by the Massachusetts Association for the Blind (MAB). Their services are designed to help them adjust to sight loss with dignity, and they include: in-home rehabilitation services, volunteer services, information and referral, peer support groups, telephone support calls and educational outreach presentations. Central to this project is Home Independence Skills, a short-term rehabilitation program for visually impaired seniors. Their Rehabilitation Team visits a number of Brookline seniors in need of special help in their home or nursing home situation.

FRAMINGHAM. In Framingham, the elderly are the group most significantly housing cost burdened. Many elderly homeowners have very little savings, and most defer maintenance on homes. The elderly are often house rich and cash poor. Although many elderly are becoming infirm, and some significantly disabled, many prefer to live, and would be able to remain, in their existing housing with appropriate supports.

Creative initiatives need to be established to maintain the elderly in their housing by offering supportive home care to assist them in routine and incidental activities of daily living. The elderly often have a need to adapt their living units to make them more physically accessible, thus they need access to flexible housing rehabilitation at no cost (grants) or low cost (low-interest loans). Rehabilitation guidelines should be flexible enough to allow building adaptations to insure accessibility. Rent subsidies are desirable to keep elderly tenants in place. The sharing of excess space through a program of home sharing, carefully matching elderly homeowners with elderly or younger tenants might be encouraged.

Property management (the Framingham Housing Authority and some private management companies) have arranged and encouraged social, recreational, nutritional and health-related activity. Facilities and services are currently better supplied than in other communities with similar housing-related needs. The need for this type of housing can be expected to increase somewhat as the population ages.

It is estimated that approximately 650 households need some form of supportive housing according to outreach staff at the Town's Council on Aging. This estimate is based upon a history of service to this population.

As has been discussed, the population of those elderly 75 years of age and up, experiencing difficulties in performing care tasks and daily living functions can be expected to increase. This population needs access to support services, whether delivered in a congregate setting or in an existing housing setting. A congregate facility, featuring a separately contracted high-support home and health care services, has been developed by the FHA for 66 frail elderly with the conversion of the former Memorial School (now called Memorial House). Additional congregate facilities may be needed in the future which allow individuals to reside in privacy, but also encourage interaction through the serving of congregate meals and the creation of other communal programs.

Many frail elderly would prefer to remain in their existing housing situation, but require financial assistance and help with daily living functions. This suggests the design of programs that combine tenant-based rental assistance with home health care and social services. Timely and thoughtful intervention could forestall institutionalization at much lower economic and social cost. An array of housing settings should be utilized, including SRO's with supportive care elements. An estimated 228 frail elderly households would require some form of supportive housing assistance. This estimate was derived by applying a factor of 2.8 percent to the total 1990 U.S. Census enumerated elderly population. The estimate was then validated by Council on Aging staff.

LEXINGTON. The Lexington Council on Aging received approximately 75 requests for housing assistance during the past year. These requests were mostly for elderly housing; however, there are also requests by low-income families. The Council on Aging directs requests to the Lexington Housing Authority (LHA) and the Lexington Housing Assistance Board.

Home care services are provided by several different agencies, including Minuteman Senior Home Care and Visiting Nurses and Community Health of Arlington. The Social Services Department also maintains a list of private individuals and agencies that provide home care services in the Lexington area.

LINCOLN. Seventeen percent of Lincoln's population is over 65. This group of residents is served by a very active Council on Aging (COA). The COA provides transportation to shopping, social activities and medical appointments. It makes referrals for Meals on Wheels, the Emerson Hospital Home Care Department, and Minuteman Senior Services.

NEEDHAM. The Needham Council on Aging advocates for and provides supportive, respectful environments for the older residents of Needham with opportunities for socialization, programmed activities and services. The Stephen Palmer Senior Center is managed by the Council on Aging, which provides a wide range of opportunities for elders to socialize, including programmed activities and services.

WATERTOWN. The primary supportive needs for elders are lower-cost apartments, lower real estate taxes, home repair and chore assistance. The Council on Aging does provide transportation for medical appointments, a bus for shopping, individual caseworkers to provide advocacy and supportive counseling, information and referral, income tax advisors and health insurance counseling. The frail elderly need assistance with house chores, including yard work and snow shoveling, and need assistance due to many health issues. Springwell provides homemakers and home health aides.

Persons with Disabilities

BELMONT. The housing needs of Belmont residents with disabilities vary. Many need help with affordability. Others need accessible housing to accommodate wheelchairs and mobility or sensory impairments, and yet others need supportive services to enable them to live in the community, including some persons with developmental disabilities or chronic mental illness. In 2000, 2,192 Belmont residents age 16 or older had mobility and/or self-care limitations. An estimated 192 Belmont adults suffer from serious and severe persistent mental illness and severe dysfunction, based on State estimates that 0.98 percent of Massachusetts adults have such needs. Because there were no requirements that subsidized housing developments built before 1974 be handicapped accessible, there are very few affordable accessible units in Belmont's housing stock, including its two elderly/disabled public housing developments. Currently, 21 Belmont residents are on the waiting list for the Belmont Housing Authority's 21 units of housing for the non-elderly disabled.

FRAMINGHAM. The precise number of emotionally disabled individuals in need of housing services in Framingham cannot be accurately estimated. According to State CHAS documents prepared by the Executive Office of Community Development (EOCD), now known as the Department of Housing and Community Development, in the mid-1990s, the Department of Mental Health estimated that there were in excess of 20,000 people statewide with mental illness in need of publicly assisted housing; of these over 2,000 were needlessly waiting in State institutional shelters.

The WestMetro Area Office of the Department of Mental Health (DMH) indicates that it expects to see significant movement of consumers from inpatient settings to community housing in the course of the next few years. This movement is a result of the program initiatives being developed in response to the Facilities Consolidation Report. Some of this development will take place in the Framingham area. Consumer preference data often indicates that this is a preferred residential locale. Significant support services are located in the Town, and its public transportation system and accessible downtown shopping areas increase the community's appeal.

It is expected that much of the residential placement activity that occurs for DMH consumers will take the shape of "supported housing." DMH consumer survey data and other national studies of consumer preference indicate that the majority of persons with mental illness prefer normal community housing environments rather than structured group home type facilities. Consumers indicate they would often choose to live in their own apartment or with a significant other. Some would like to live in apartment or home settings with just a few other persons, i.e. two- or three-bedroom apartments. In the supported housing model of services, consumers live in the housing of their choice and support services at various levels of intensity are provided to them in that context.

The WestMetro area has been involved in developing supported housing services this year. Advocates Inc. in conjunction with SMOC, continues to receive contracts to provide these services to DMH consumers. It is anticipated that a significant number of these persons may select Framingham as the community in which they choose to live. They will be looking for affordable apartment settings which would be eligible for housing subsidies as they become available.

While the majority of new program development will take place in the supported housing model, there will still be a need for a variety of residential program settings, including group homes, staffed apartments and supported congregate lodges.

The DMH Area Office expects to work with the local service providers to evaluate the existing programs in terms of type of service provision and housing stock stability. There may be a need to stabilize existing buildings and insure long-term affordability. The ongoing needs of the homeless mentally ill will continue to be evaluated and addressed. DMH shelter specialist data indicates the DMH eligible clients with and without substance abuse problems make up approximately ten to 25 percent of the shelter population. Many of these persons would benefit from affordable, subsidized housing. While residential services have been offered to this population, they have not chosen to use the existing service system.

The DMH priorities for housing development in the next few years include rental subsidies, integrated housing and stabilization of existing housing stock with individualized support. Through the consultation process used in the development of this plan, DMH Regional Program Development staff has submitted the following statement on client critical housing needs:

- There are currently 176 adults living in Framingham who receive services from the Department of Mental Health. This number includes 38 individuals living in group homes and 52 living in supported housing settings. Other services funded by the DMH include clubhouses, vocational-rehabilitation and clinical services, and continuing care hospitals.
- People with psychiatric disabilities share a common need for safe and affordable permanent housing. The challenge for many of these individuals is that their disability limits competitive employment (85 percent unemployment rate), leaving them on fixed or very limited incomes—usually supplemental security income (SSI) or social security disability insurance (SSDI) benefits. This means that in addition to living with a disability, people with disabilities often struggle with the stresses of acute poverty, including the inability to afford decent and safe housing of their own choosing in the community.
- Income data indicates that approximately 75 percent of people with a psychiatric disability living in Framingham receiving services from the DMH are on SSI, SSDI or other forms of public assistance. Consequently, permanent, affordable housing alternatives in the community are close to nonexistent.
- The majority of people with psychiatric disabilities experience housing problems or housing need in some form: rent burden; overcrowding; substandard housing; housing discrimination; inability to move out of an institution or residential treatment setting beyond the period of need; and homelessness. The costs to both individuals and the service system are great. It is now known that housing stability and housing satisfaction correlate with lower service utilization, particularly inpatient hospitalization days and rehabilitation. Furthermore, the availability of affordable housing alternatives for people with disabilities reduces reliance on expensive institutional and congregate alternatives beyond the period of individual need.

- There are homeless individuals with major mental illnesses residing in the community. These individuals are living in emergency shelters or in places not suitable for human habitation. Based on data from outreach programs, 80 percent of these individuals are homeless for the first time, and the remaining 20 percent are chronically homeless, recycling through overcrowded/doubled-up housing situations, in-patient facilities, jails and other temporary accommodations. These homeless people with disabilities have lost all meaningful ties with family, and approximately 70 percent have no previous history with the mental health system. Approximately 40 percent have a secondary diagnosis of episodic or chronic substance abuse. All of these individuals are very low-income, relying on entitlement such as SSI or SSDI or are without any stable source of income.

The precise number of developmentally disabled individuals in need of housing services in Framingham cannot be accurately estimated at this time. The Planning Department has contacted the Regional Office of the Department of Mental Retardation and the Wayside Youth and Family Support Program, the successor to Association of Retarded Citizens of South Middlesex to learn of housing needs. It is clear that the state will be continuing to release patients of state facilities back into the community and that additional housing must be found in community settings. Wayside operates a comprehensive system of services designed to meet specialized housing needs, including group residences, supervised apartments and individual support to individuals living independently. Providers observe that people recently released from institutions are clients with relatively more severe developmental disabilities. These individuals would require more highly supportive community facilities with extensive supervision. In the array of levels of residential service, group residences geared to the most basic level of functioning would appear to be needed.

It has been further observed that, as some developmentally disabled clients age, their disabilities become progressively worse; more and more require living space that is accessible. Future residences should in fact be single-floor buildings adapted to address mobility impairments. It is expected that there will be a continuous flow of clients to the community from a variety of mental and physical health care facilities over the next five years. These individuals will need an array of community-based housing and supportive services.

A rough estimate of the number of disabled residing in Framingham would be about 6,500, with approximately 3,900 over age 65. Some individuals are frail elderly needing the services described above. The size of the physically disabled community, and that segment within it that requires supportive housing, cannot currently be accurately estimated. It is felt by the Massachusetts Rehabilitation Commission (MRC) and other provider agencies that the majority of disabled persons would prefer to live independently in the community. These individuals might require the services featured in supported living program models such as those initiated by the MRC.

There is a need for rental subsidies for accessible units which are currently market rate. Clearly most people with disabilities who seek rental units cannot afford market rents.

Some individuals, within the physically challenged population, do need the intensive support that a care facility provides. These might include those individuals with severe central nervous system disorders, and those who have sustained severe traumatic head injury. The Massachusetts Rehabilitation Commission (MRC) has indicated that the State Head Injury

Program (SHIP) observes that 40 percent of SHIP clients were very likely or somewhat likely to need time in care.

The broadest possible array of housing options should be created for the physically challenged.

The variety of residential settings needs to include options such as:

- Congregate housing in 24-hour and part-time staffed-supported homes;
- Apartments integrated into the community and combined with an appropriate level of support services, whether around the clock or once a month;
- Independent rooms in Single Room Occupancy buildings;
- Homeownership opportunities, including limited equity cooperatives, condominiums and single-family homes;
- Specialized programs for people with dual diagnoses, adolescents and other populations; and
- Transitional housing programs for individuals and families who need to learn skills to live independently.

Housing subsidies should be increased, and production programs should be supported. All housing that is produced should incorporate universal adaptable design features. Adaptable housing is accessible housing that does not look different from other housing, but has features that can be readily adjusted to make the dwelling accessible. The unit can respond to the broad housing needs of many populations. Of equal importance to making resources available to facilitate housing, is the need to insure coordinated funding of support services from 24-hour care, to weekly, to monthly supervision, from personal care, to respite care, to foster care. The Greater Framingham Independent Living Center estimates from a review of its intake records and direct service experience that four to five percent of households containing a disabled person are in need of supportive housing. Thus approximately 260 of 6,500 disabled individuals might need supportive housing.

LEXINGTON. There are 17 group or supported residential homes in Lexington for clients of the Department of Mental Retardation (DMR). The DMR has 157 people registered from the Town of Lexington. Of these, ten are blind or legally blind, 14 are deaf, and 13 use wheelchairs. Thirty-four of the individuals are younger than 18, and 17 are between the ages of 18 and 22. The remaining 106 people from Lexington registered with DMR are older than 22.

There are 53 people receiving residential services and five people from Lexington waiting for residential placement. Of the 157 people from Lexington registered with DMR, 70 are living at home, 22 of whom are older than 22 years of age. Five of the people from Lexington registered with DMR also receive individual supports.

LINCOLN. The Lincoln Disabilities Commission conducted a limited survey in December 2002 on the status of accessible housing in Lincoln, that is housing that would be suitable for physically disabled citizens. The survey focused on mobility impairments, particularly

wheelchair accessibility. The Commission notes that some physically disabled residents have the means to modify their exiting residence, but there are others who cannot find or afford an accessible unit in town. However, at this time, there is only one person with a physical disability on the waiting list at Lincoln Woods. This reflects the success of renovation plans required by MassHousing that call for one fully accessible unit to be added per year until there are a total of six fully accessible units.

NEEDHAM. A number of agencies or commissions serve the special needs populations in Needham including Springwell, Charles River Association for Retarded Citizens (ARC), Needham Council on Aging, the Needham Board of Health and Needham Commission on Disabilities.

Springwell serves the needs of seniors in its service area that includes Belmont, Brookline, Newton, Watertown, Waltham, Wellesley, Weston and Needham. With respect to housing, Springwell contracts with state, federal and private housing authorities and owners to provide service coordination and supportive services to all residents of a particular site, for example, the Linden and Chambers Street Apartments in Needham, in coordination with the Needham Housing Authority through the CareConnections program. For example, the program can provide a wide range of services, including homemaking, meal preparation, medication reminders, safety checks, grocery shopping and escorts to appointments and errands. The organization also provides the following services that help elders remain independent in their own homes:

- Information and Referral—Offers a free service over the phone, via mail, fax, email or in person to provide information on elder services.
- Care Advice—Works with elders and caregivers to plan a service program based on short- and long-term needs and eligibility for various subsidized services.
- Education—Provides education and training to caregivers.
- In-Home Supportive Services—Contracts with over 40 vendors to provide services.
- Protective Services—Investigates allegations of physical, sexual and emotional abuse, as well as economic exploitation and neglect.
- Nutrition—Provides meals to local lunch sites at the Needham Council on Aging and The Supportive Housing site.
- Volunteer Services—Offers a variety of services provided by volunteers, including escort services, friendly visits to homebound elderly, assistance with paying bills and advocacy for nursing home residents.
- Community Grants—Provides grants to community agencies to promote a more comprehensive and coordinated service network in a community. The Needham Board of Health received such a grant for its Traveling Meals Program.

The Charles River ARC provides services and advocacy to people with mental retardation and other related developmental disabilities and to their families in Needham and surrounding towns. These services include residential placement in the form of group homes and supported apartments; family support, social services and advocacy; recreational and respite care services; vocational training, job placement and support; and therapeutic day services and senior citizen day supports.

The Needham Board of Health offers a variety of services to Needham residents, including the coordination of public health nurses that conduct health and safety evaluations of various

facilities and coordinate programs such as the Federal Fuel Assistance Program, the food stamp program for the elderly and people with disabilities in the community, and the Senior Safety and Food Training and Education Program (Senior S.A.F.T.E.) that provides home visits to review nutrition, medication management and safety issues for seniors. The Board also coordinates the Traveling Meals Program that provides a two-meal package for anyone who cannot shop or prepare meals for themselves. This home-delivered meal program is now in its thirtieth year of operation and is available to any Needham resident regardless of age or income. The Board of Health also sponsors a town-wide HIV/AIDS Committee, formed in 1993 to educate the community about HIV/AIDS.

The Needham Commission on Disabilities is an information and referral program and serves in an advisory capacity on accessibility issues for American with Disabilities Act compliance and to promote full integration of people with disabilities into the life of the community.

The Needham Community Council is a community-funded, locally-run program with nearly 90 volunteers that offers a wide range of services, including a food pantry, courtesy van for transportation needs, medical loan closet, clothes closet and flea market, nursing home shopping, holiday outreach to the homebound elderly and English as a Second Language instruction.

The town of Needham also has a number of alternative housing options for the elderly, including Assisted Living at Avery Crossings, a senior apartment complex at the Chestnut Hollow Apartments and Webster Green, Continuing Care Retirement Community at North Hill, and skilled nursing home facilities at Avery Manor, Briarwood Healthcare, the Skilled Nursing Facility at North Hill, and Wingate at Needham. Additionally, the Stanley R. Tippet Home provides hospice care to those who have a terminal illness and who have a prognosis from their physician of six months of life or less. It should be noted that these special needs facilities are not directed to those of low and moderate income.

NEWTON. Newton's low- and moderate-income population includes persons who require permanent housing with supportive services. Currently, Newton has a total of 133 units dedicated to individuals with developmental disabilities. The units exist within 17 developments restricted to individuals with developmental and other disabilities and eight elderly housing developments. In addition, there are 41 units in six different developments for individuals with mental illness.

The type and scale of supportive services depend on the individuals being served. Most residents who live in housing developed with state and federal housing financing programs are on fixed incomes and depend on rental subsidies to maintain their housing status. According to Advocates, Inc., one of the principal providers of housing for individuals with mental disabilities in Newton, reductions in federal Section 8 rental subsidies and Fair Market Rents are dramatically altering the ability of providers to assist some of the most economically vulnerable populations in the community. The greatest housing need for persons with disabilities is an ongoing subsidy source that will enable them to live in a permanent, affordable housing unit with the support services they require.

Like other populations requiring supportive services, individuals with mental and physical disabilities rely on life-skill training, including financial management, cooperative living assistance, medication management, social skill development, etc. Advocates, Inc. estimates

that there may be up to 80 to 90 individuals with mental and/or physical disabilities in Newton, not including the elderly or children, who require housing and supportive services. This estimate includes the approximately 55 clients already under the care of Advocates, Inc. This estimate also reflects individuals returning to the community from mental health institutions, which also make up a portion of Advocates, Inc.'s client population.

SUDBURY. Special needs housing covers a broad range of needs, but is most commonly used in reference to people with mental retardation or mental health disabilities. These populations are protected under both federal and state Fair Housing laws, and the development of group housing to meet their needs is exempt under local zoning (M.G.L. Chapter 40A, sec. 3). Other types of special needs housing refers to accessible housing for persons with physical disabilities, and other types of needs such as parenting grandparents; HIV/AIDS population; people in drug or alcohol recovery; victims of domestic violence; and others with short- or long-term needs requiring specialized housing design or professional services. Sudbury is within the WestMetro service area for State-supported social services. Residents with a variety of needs can access services from agencies located in Framingham, Natick, Concord, Acton, etc.

WATERTOWN. The Department of Mental Retardation (DMR) has 147 people registered from Watertown. Of these, 24 are blind or legally blind, 9 are deaf, and 19 have mobility impairments. There are about 25 people from Watertown on their waiting list for a residential placement. There are also 13 people who are considered "underserved", living in unsuitable housing with, for instance, safety hazards or physical impediments preventing mobility. There is a need for more accessible housing.

The Protestant Guild for Human Services, Inc. runs a day school and residential program for special needs children between the ages of 8 and 22 who have mental disabilities and have multi-diagnoses. Three of their seven group homes are in Watertown.

Beaverbrook STEP provides services, including supported housing, to adults with mental retardation and other developmental disabilities. Beaverbrook serves 95 adults from Watertown, Belmont, Waltham and Newton.

Persons with Alcohol and Other Drug Addictions

The severity of an individual's addiction and any contributing factors such as the lack of employment or mental health issues, for example, determine the type and need for housing and supportive services. Agencies such as the Brookline Community Mental Health Center, Brookline Health Department, Riverside Community Care, SMOC and Advocates, Inc. all provide treatment programs related to drug and alcohol addictions.

Riverside Community Care, a nonprofit agency based in Dedham, provides a comprehensive range of programs, including mental health care, developmental and cognitive disability services, health and human services and substance abuse treatment. Riverside's service area includes the five communities adjacent to Newton: Watertown, Waltham, Westin, Wellesley and Needham. Substance abuse counseling is available through Riverside's Adult Mental Health Services, and substance abuse prevention and counseling is provided through the agency's Child and Family Services. The Riverside Outpatient Center at Newton, located on Eldredge Street, provides outpatient counseling, medication services, intensive case management, linkages with community support services and substance abuse counseling.

Advocates, Inc. provides treatment and counseling for dually-diagnosed clients with mental illness and substance abuse. Advocates offers both acute care outpatient services and residential treatment (supportive housing) for actively using dually-diagnosed residents. One of Advocates' satellite counseling centers is located in Waltham, one of the WestMetro HOME Consortium communities.

People with HIV/AIDS and Their Families

People living with HIV/AIDS have a continuum of needs depending on the status of their health and whether there are other issues such as substance abuse, mental illness, poverty, unemployment, etc. that compound the severity of their diagnosis. The Hurley House Recovery Home, located in Waltham, is the only treatment facility in the WestMetro HOME Consortium that identifies men with HIV/AIDS as one of its target populations. The Hurley House, a substance abuse treatment center, provides long-term residential treatment (more than 30 days) for up to 20 individuals with co-occurring mental and substance abuse disorders. Eligible clients include men with HIV/AIDS and men returning to the community from the criminal justice system that have substance abuse addictions.

In general, support services for people living with HIV/AIDS can include case management, transportation, mental health services, meal preparation and food assistance, adult day care and drop-in centers, child care, support for family members and care providers and housing advocacy, among others. Due to the Consortium's proximity to Boston and its world-class resources, most individuals with HIV/AIDS receive care outside of the communities or through their families. Through local health departments, most of the Consortium's member communities provide information and referrals to people who have HIV/AIDS. According to reports from most of the Consortium's member communities, there does not appear to be a critical need for supportive housing for people with HIV/AIDS. However, SMOC has applied for funds to house 12 persons with AIDS in the Framingham area.

Public Housing Residents

NEEDHAM. The Needham Housing Authority owns and manages 316 units of public housing and administers 120 Section 8 rental subsidy vouchers. The units are in fair to excellent condition with the most significant physical deficiencies existing in the 80 units of state family housing. There is currently a \$2 million modernization project that will expand the living areas and renovate the kitchens of those units. Additionally, there is a public-private project in the same neighborhood that will redevelop 20 single-family houses into 20 duplexes, creating 20 additional units to be sold as affordable condominiums to income-eligible families.

The Needham Housing Authority currently maintains a number of fully accessible units, including six one-bedroom, three two-bedroom, five three-bedroom, and three four-bedroom apartments. The majority of the one-bedroom apartments have some modifications for seniors or disabled individuals. Several of the family apartments also have some modification made to accommodate physical disabilities.

NEWTON. The Newton Housing Authority (NHA) has been the principal source of subsidized housing in the City since 1959, owning and managing 491 units, or 33 percent of all subsidized housing in Newton. The Housing Authority manages both federal and state subsidy programs that provide housing to individuals and families whose annual household income does not

exceed 50 percent AMI and many times is much lower. The agency also administers the federal Section 8 Rental Subsidy Program that enables individuals and families to live in privately-owned and managed units in the private market. As of June 2004, the Housing Authority administered 441 Section 8 vouchers with a total monthly allocation of approximately \$500,000. Fifteen Section 8 vouchers were dedicated to victims of domestic violence, and 25 vouchers subsidized units for single homeless men at the Newton YMCA..

The NHA is currently experiencing a high demand for both HUD- and State-sponsored housing units and Section 8 vouchers. Waiting lists at the Housing Authority alone include thousands of households. Due to the length of the waiting list for Section 8 vouchers, the application process is currently closed. The HUD-sponsored units for seniors, people with disabilities or income-eligible individuals have a three- to five-year waiting list. Waits for entry into State-sponsored senior and disabled units are estimated to be three to five years, while waits for the approximately 90 family housing units are seven to ten years. Emergency priority families, who compose approximately ten percent of this waiting list, have an estimated five-year wait for housing.

Over the past 20 years, the Newton Housing Authority has observed a trend in the demographics of its client population. Housing Authority facilities accommodate a number of special populations, including the elderly and individuals with physical and/or developmental disabilities. Due in part to the deinstitutionalization of people with mental illness and other disabilities in the 1980s and an aging population, the number of Housing Authority residents with mental illness who are residing in elderly housing developments is increasing. In response, the agency has continuous on-site support services and a successful Resident Services Outreach Program to enable residents to maintain their independence in their apartments. The NHA is also exploring partnerships with health care and social service providers that will allow these individuals to remain in their units but receive the specialized care they require.

The Housing Authority does not have medical information on its residents and cannot estimate, with any accuracy, the number of their residents who need or receive supportive services. However, according to the Resident Services Coordinator at Springwell and the MRC, both provide supportive services to Housing Authority residents. Springwell, formerly West Suburban Elder Services, provides assistance such as homemaking care, including the provision of meals and assistance with laundry and housekeeping; personal care, which can include assistance with bathing and dressing; financial management; nutritional assistance; transportation and case management; and various other services. Springwell provides supportive services to the residents at the Nonantum Village development located at 245 Watertown Street. Through the Care Connection program, Springwell provides a 20-hour a week on-site coordinator who meets with residents, assesses their needs and coordinates and monitors the delivery of support services. Depending on the needs of the individuals, services can include personal care (bathing, dressing, shopping and homemaking, among other activities), assistance with heavy chores, transportation, money management, nutritional services, etc.

The MRC is responsible for vocational rehabilitation services, community services and for eligibility determination for SSI/SSDI benefits programs for Massachusetts residents with disabilities. Although the number of residents assisted by the MRC is unknown, Springwell was providing services to 58 elderly residents as of July 2004. The Housing Authority does not know the number of residents who may be receiving privately paid supportive services.

Residents are involved in the operation and management of the Housing Authority through participation at monthly tenant organization meetings which are held at each development. In addition, one member of the five member governing Board of Commissioners must be a Newton Housing Authority resident.

In 1991, the balance of the inclusionary zoning fund (\$40,472.30), was transferred to the Newton Housing Authority from the Newton Community Development Authority. Since the transfer of funds in 1991, the Housing Authority has received \$2,159,967.46 in cash payments in lieu of housing units as a result of the inclusionary zoning ordinance and has expended \$2,098,633.36 towards the creation of 62¹¹ units of affordable housing. The revised 15 percent IZO which was adopted in April 2003 includes a provision allowing developers to provide a cash payment if the proposed development is six or less units. The payment is made to a housing development fund and then distributed to the Housing Authority and the City's Planning and Development Department for the development of additional affordable housing.

Over the last several years, the Housing Authority has established an important partnership with Habitat for Humanity. The two organizations are currently involved in a joint rental and homeownership project at a West Newton site adjacent to the Dolan Pond conservation area. The development is located at 76 Webster Park and includes the restoration of an existing building and the new construction of a duplex. The existing single-family building will be owned and managed by the Housing Authority and will provide one unit of rental housing. Habitat for Humanity will construct the duplex at the rear of the site and sell the two units to income-eligible homeowners. All three units will be deed restricted in perpetuity and provide housing for households up to 80 percent of area median income.

SUDBURY. Sudbury's population contains 2,274 residents (13 percent) who are non-institutionalized with disabilities, over half of whom are between the ages of 16 and 64. Eleven units at Longfellow Glen, and four units at Musketahquid, are accessible for people with disabilities. There are no known residences or group homes constructed for persons with disabilities, with the exception of the Orchard Hill Assisted Living Facility, the Wingate Nursing Home and the SPEC Center (rehabilitation). Some residents have the means to modify their residence to accommodate their disabilities; others do not. Two families applied during 2003 for the Home Modifications Loan Program (offered by the state via collaboration of MRC and CEDAC). Seventy-eight residents were registered clients with the MRC in 2003.

Survivors of Domestic Violence

BROOKLINE. Domestic violence often forces women to choose between homelessness and staying in abusive relationships. Homeless parents, specifically mothers, have repeatedly indicated that the reason for leaving their last place of residency was due to domestic violence. Other related problems such as shelter, social isolation, poverty, diminished work opportunities, affordable health care, mental illness, etc. must be faced by these women. A majority of the time, the batterer will leave, and the family remains at home. However, if a batterer has no place to go, he/she may be referred to a shelter. Although a batterer vacates, control of the victim still

¹¹ Memo from Qui Chau, Newton Housing Authority, dated January 18, 2005.

may take place. This control is often defined as intimidation, emotional abuse, economic control of finances, manipulation of children, isolation from support systems or threats.

The Brookline Center, the town's mental health facility, offers an array of comprehensive services that meets the needs of a family suffering stress as a result of domestic violence, homelessness, parental neglect, mental illness, divorce or separation, or substance abuse. Within the last year, they have expanded their consulting and educational services to focus additional emphasis on the issue of domestic violence and abusive relationships. A domestic violence roundtable was convened, with the Center playing a key role. It is comprised of Town and community agency staff, and private individuals concerned with the issues evolving around family violence. The Center also provides consultation to this group for referral, counseling, and/or mediation service where such are needed.

Another vital service provided by the Brookline Center is the New Pathways Emergency Shelter program. The Center, in collaboration with a host of Brookline homes, is able to offer high-risk teens short-term, temporary foster care. Last year, the program served 42 teens, in addition to providing temporary housing placement for up to ten teens needing shelter, with referral and counseling services to Brookline agencies and groups. Through the Continuum of Care, the Brookline Center has used McKinney-Vento Homeless funding for the Center's Transition to Independent Living Program, which provides housing and life-skill training for four homeless young men ages 16 to 20. As of the beginning of the calendar year, nine young men had been housed in a four-bedroom unit, with accompanying housing subsidies provided to the Center by the Brookline Housing Authority specifically for this program.

REACH, another service provider committed to advancing safety, healing and empowerment to those who experience domestic and relationship violence through prevention, invention and advocacy, is providing the Town with a comprehensive package of direct service through community advocacy and hotline services to victims of domestic violence. The agency's goal is to reach out to call survivors of domestic violence and provide sensitive and appropriate services to assist them in establishing lives free of violence. Community advocacy is presently provided in Brookline through a variety of community-based services: court advocacy, weekly support groups and one-on-one advocacy services. The 24-hour hotline is the foundation of REACH's work, providing a vital first-link to services for people experiencing violence from a current or former intimate partner. It also serves as a resource for social service and community agencies that may be working with an abused person and need resource information and advocacy planning support.

LEXINGTON. The Town has a Domestic Violence Response Team and an agreement with Waltham Batterers Intervention to provide emergency shelter to families fleeing from domestic violence.

NEEDHAM. At any given time, the Needham Housing Authority may have as many as 500 applicants on its waiting list. Approximately 80 percent of those applications are from individuals or families who have requested emergency priority because they lack permanent or safe housing. The average wait for an applicant with an emergency priority because they are homeless or living in an unsafe situation is approximately one to three years. There are approximately 50 applicants who have Needham preference, and approximately 40 of these applicants have requested emergency priority. Although the NHA occasionally receives an emergency application from someone who is living in a condemned structure or who has been

forced to leave housing because of a fire or other disaster, the vast majority of applicants apply for emergency priority because of overcrowding. Many local applicants are living in basement or attic apartments or are doubled-up staying with friends or relatives. Additionally, many local applicants are unable to afford to live independently in the area and choose to live in overcrowded situations rather than move from Needham. The Housing Authority also gives emergency preference to survivors of domestic violence and estimates that about 10 percent to 20 percent of the families living in public housing have been directly affected by domestic violence.

SUDBURY. Survivors of domestic violence are referred to Voices Against Violence—a Framingham program which receives funding from the state Department of Public Health (DPH), the Massachusetts Department of Social Services (DSS) and the Massachusetts Office of Victim Assistance. During the 2003 calendar year, Sudbury Police received 52 calls for domestic violence, and 34 restraining orders were implemented. Fifteen arrests occurred for domestic assault and battery.

LEAD-BASED PAINT AND OTHER HAZARDS

In most WestMetro HOME Consortium communities, the housing stock is fairly old. Approximately 87 percent of all dwelling units Consortium-wide were built prior to 1978, when the federal government banned lead-based paint in residential construction. Although the use of lead-based paint began to decline in the 1950s, it is usually found in homes built up to 1978. Lead-based paint is hazardous to children, particularly those under 6 years of age, who may ingest it or breathe dust that contains lead. Lead poisoning can cause permanent damage to the brain and other organs in young children and can result in learning and behavioral problems. In Massachusetts, the Department of Public Health (DPH) maintains extensive data on lead screening and the incidence rate of blood lead levels in children throughout the Commonwealth. Based on data collected in 2001, DPH identified 23 high-risk cities for lead paint poisoning. Statewide, there were 2,713 cases of children with elevated blood lead levels in 2001, and 73 percent or 1,985 cases were from these 23 high-risk communities. None of the high-risk communities are located in the WestMetro HOME Consortium.¹²

The Consortium does not have records of housing units with lead hazards occupied by lower-income households. However, CHAS data shed light on the number of units that have a particularly high risk of lead hazards to low-income families. Units built prior to 1970 and affordable to low- and moderate-income households are very likely to have lead-based paint due to their age and lower value. In most of the Consortium's communities, the percentage of low-value, pre-1970 units with two or more bedrooms is larger for owner-occupied units than renter-occupied units. Since home prices throughout the Consortium are so high, it is not surprising to find that where homes affordable to homeowners at or below 80 percent AMI exist at all, the units are primarily older. While low-value, older housing units should be seen as high risk for lead hazards to low-income families, it is important to remember that many renters and homeowners are housing cost burdened because they live in units they cannot afford. As a result, the value of an older housing unit serves as an indicator of lead paint and other hazards, but it is hardly an exclusive indicator. The reality is that more than 165,000 housing units in the Consortium were built prior to 1978, and in most communities, low-income families are

¹² Massachusetts Department of Public Health, Childhood Lead Poisoning Prevention Program, "High Risk Communities for Childhood Lead Poisoning: July 1, 1996 through June 30, 2001," <<http://www.mass.gov/dph>> Select Programs and Publications.

disproportionately concentrated in older housing stock. Fig. 46 summarizes a series of lead-based paint hazard indicators for the 12 member communities.

Fig. 46: Distribution of Lead-Based Paint Hazards and Incidence of Lead Paint Poisoning

Community	Total Housing Units	Built Prior to <1978	Housing Units with Rents or Home Values Affordable to LMI Households, Built <1970	% Population <6 Yrs. Screened for Lead Poisoning	Total Blood Lead Levels >=20	Incidence Rate >=20 (2003)
Bedford	4,708	78.2%	218	55.4%	1	2.2
Belmont	9,980	97.9%	285	50.0%	0	0.0
Brookline	26,388	93.7%	2,088	56.4%	1	0.7
Framingham	26,734	87.3%	4,134	51.6%	1	0.5
Lexington	11,333	85.0%	236	53.0%	0	0.0
Lincoln	2,911	78.8%	45	19.4%	0	0.0
Natick	13,368	78.0%	1,287	53.6%	0	0.0
Needham	10,846	84.4%	240	60.3%	0	0.0
Newton	32,112	90.6%	1,641	63.7%	1	0.4
Sudbury	5,590	73.5%	26	49.2%	0	0.0
Waltham	23,880	86.3%	3,996	54.7%	2	1.4
Watertown	15,008	89.5%	1,080	52.8%	1	1.3

Source: Census 2000, Summary File 3 Tables H4, H34; CHAS Data Book, "Affordability Mismatch" Series; Mass. DPH.

WESTMETRO HOME CONSORTIUM HOUSING AND HOMELESSNESS STRATEGIC PLAN

HOUSING STRATEGIC PLAN

PRIORITY ANALYSIS

The following section summarizes on a Consortium-wide basis the housing priority needs of the extremely low-, low- and moderate-income (LMI) renters and homeowners in light of housing market conditions assessed previously in the Housing Market Analysis. At the outset however, it is important to note, as is apparent from the information provided above in the Housing Market Analysis and in the Housing and Homelessness Needs Assessment that there is broad range of communities with somewhat differing housing market conditions and housing needs. For example, Sudbury is a relatively small semi-rural community comprised of 5,504 households, 92.2 percent of which are homeowner households, while Framingham is the largest town in Massachusetts, comprised of 26,153 households, 55.5 percent of which are homeowners, and 44.5 percent of which are renters. Just over nine percent of the households in Sudbury have incomes which are below 50 percent of median income, while 25.9 percent of the households in Framingham have incomes below 50 percent of median income.

Notwithstanding the foregoing, there are clear factors which have contributed to the serious housing needs facing extremely low-, low- and moderate-income renters and homeowners in the WestMetro Consortium communities taken as a whole:

- Condominium conversions and teardowns and the trend toward mansionization in many WestMetro communities have resulted in a reduction of housing stock which historically was more affordable to the LMI population. For example, Brookline notes in its plan that in 1980 there were a total of 2,074 condominiums and that by 2000 there were a total of 7,743. “The percentage of housing units in the town that were condominiums went from a negligible number to nearly 30 percent of the town’s current housing stock, resulting in the displacement of many low- and moderate-income renters who did not have the financial means to purchase.”¹ Teardowns and the trend toward mansionization in a number of WestMetro communities such as Lexington, Sudbury, Lincoln and Bedford have resulted in a reduction of small single-family housing stock in those communities, which historically had provided housing to low- and moderate-income homeowner populations. Lexington notes in its plan that in 2003, of the 66 permits issued for construction of new single-family homes, 47 involved the demolition of an existing home.²
- Housing growth in the 1990s in many WestMetro communities was far less than in the 1980s, and many of the WestMetro communities indicate that both land supply and the cost of land are serious impediments to the production of affordable housing.
- Dramatic increases in the price of homeowner housing and high rents relative to the incomes of the LMI population fueled by high demand as indicated in the low vacancy rates contribute to the severity of the housing problems of the LMI population.

¹ See FY2006-2010 Consolidated Plan, Town of Brookline, page 29

² Needham notes in its Consolidated Plan that “Teardowns, the replacement of smaller homes with larger ones, began about a decade ago and now are ubiquitous in most neighborhoods.

Based on the foregoing, the following needs appear to be the highest priorities on a Consortium-wide basis (in no particular order):

PRIORITY #1: **Housing needs of small family renters with incomes below 30 percent of area median income (AMI).**

PRIORITY #2: **Housing needs of elderly renters and homeowners with incomes below 30 percent of AMI.**

PRIORITY #3: **Housing needs of elderly renters and homeowners with incomes at 31 to 50 percent of AMI.**

PRIORITY #4: **Housing needs of small families with incomes at 31 to 50 percent of AMI.**

PRIORITY #5: **Housing needs of homeowners with incomes at 51 to 80 percent of AMI.**

STRATEGY DEVELOPMENT

On a Consortium-wide basis, the objectives and strategies that have been identified to meet the highest priority needs enumerated above are the following:

Objective: To increase the supply of affordable rental housing
Strategy: • In a number of WestMetro communities, there will be a concerted effort to identify available parcels of Town-owned land with an eye toward new construction of both affordable rental and homeownership housing, including the construction of additional public housing units.

Objective: To increase the supply of affordable homeownership housing
Strategy: • In order to increase the supply of affordable homeownership housing, WestMetro Communities will implement and also continue homeownership assistance programs which provide down payment assistance for first-time homebuyers and buy-downs of properties. Communities will work to ensure that this inventory of affordable homeownership properties is preserved through the use of permanent affordability mechanisms. In addition, the state Local Initiative Program will be utilized when possible.

Objective: To increase the supply of affordable rental housing for the elderly and to ensure that services are adequate to enable elderly homeowners to age in place
Strategies: • With respect to the creation of additional affordable rental housing, strategies pertaining to *existing* rental stock are accessing rental vouchers; working toward the legalization of accessory apartments; implementation, in some instances and continuation in others, of programs which provide zero percent rehabilitation loans; and de-leading programs to encourage owners of small multifamily properties to “preserve” existing family rental units.
 • In order to increase the supply of affordable rental housing for the elderly and to ensure that elderly homeowners may age in place, WestMetro HOME communities will work to access rental vouchers; work toward the legalization of accessory apartments; and to implement, and in some instances continue,

zero percent rehabilitation loan programs that enable elderly homeowners to address costly, necessary repairs on a fixed or restricted budget.

PROPOSED GOALS AND ACCOMPLISHMENTS

Proposed accomplishments include the following:

- Increase the number of affordable rental and homeownership units.
- Review of zoning bylaws with respect to impediments to affordable housing, including restrictions on multi-unit housing; restrictions on mixed-use projects within commercially and industrially zoned districts; density requirements; off-street parking requirements; floor area ratio (FAR) requirements; and development of proposed amendments relating thereto which will better facilitate the development of affordable housing.
- Strengthen, and in some instances create, local housing partnerships.
- Adopt the Community Preservation Act.
- Adopt an inclusionary zoning ordinance in towns/cities where none exists.
- Advocate for tax incentive and tax abatement programs.
- Protect expiring use properties.
- Increase number of elderly supportive housing and public housing units.
- Strengthen institutional and administrative systems.

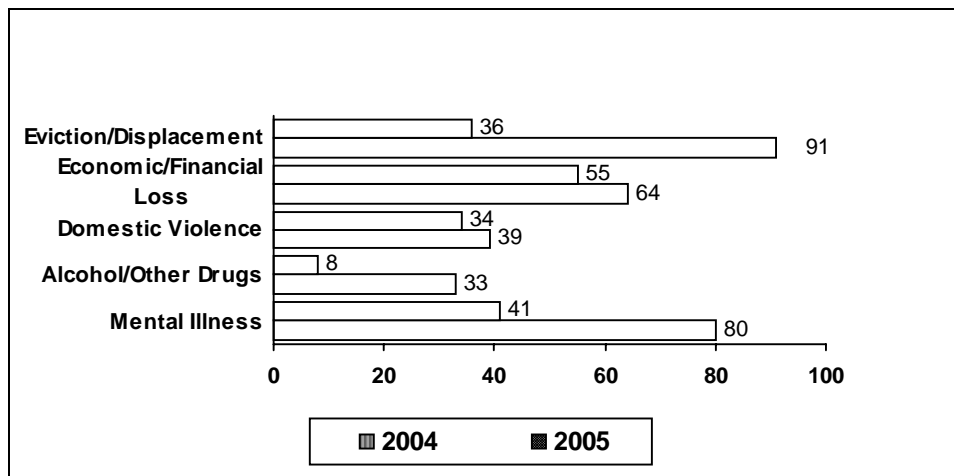
HOMELESSNESS STRATEGIC PLAN

PRIORITY ANALYSIS

This section summarizes on a Consortium-wide basis the priorities assigned to the needs of homeless individuals, homeless families and those at-risk of homelessness based on the Consortium's analysis of homelessness and potential homelessness. Just as a broad range of housing conditions and needs exists within the Consortium based on the differing communities, so does a broad range exist within the Consortium with respect to homelessness and homeless needs. A number of communities in the Consortium, including Belmont, Lincoln, Sudbury, Bedford, Lexington and Natick indicate that there are few homeless individuals or families in their communities. Furthermore, these communities by and large do not have shelter, transitional or permanent supportive housing units for homeless individuals and families and look to supportive services in neighboring towns when a homeless person is identified. By contrast, as noted previously, Waltham indicates in its plan that "Waltham has a prevalent homeless population".³ Newton, Brookline and Watertown are part of one Continuum of Care (COC), and Framingham, Natick and Waltham are part of another Continuum of Care.⁴ Both of these Continuums have identified homeless populations which includes individuals and families.

The Consortium-wide analysis of homelessness and homeless needs begins with a clear understanding that homelessness is not solely a function of housing market conditions as described in the Housing Market Analysis. In fact, a number of factors contribute to homelessness, including displacement, domestic violence, alcohol and drug abuse, and mental illness. The chart provided in Brookline's plan regarding contributory factors is instructive:

Fig. 47: Primary Reasons for Homelessness*



*Results obtained from a comparison between 201 homeless persons surveyed in 2004 and 191 homeless surveyed in 2005 (note that many individuals are "dual-diagnosis", or are homeless for more than one reason, and therefore the numbers do not add up to the total number surveyed).

The Continuum of Care communities all indicate that there is a high priority for permanent supportive housing for both individuals and families reflecting two factors:

³ Waltham indicates in its Consolidated Plan that "(h)omeless counts done at local shelters and transitional housing facilities lead social service agencies and the Waltham Planning Department to estimate that nearly 470 homeless people live in Waltham at any point in time." (page 26)

⁴ This Continuum also includes Marlboro and Hudson which are not part of the WestMetro HOME Consortium.

1. Often the homeless, even if ready to transition to permanent units, cannot move as there is an inadequate inventory of permanent supportive housing units; and
2. Due to the nature of the factors that are significant contributors to homelessness, such as mental illness, drug abuse and domestic violence, the “support” component to permanent supportive housing is critical to the success of permanently housing the formerly homeless.

Waltham also indicates that there is a significant need for emergency and transitional housing for both individuals and families.

STRATEGY DEVELOPMENT

The Consortium-wide strategy is one which is designed to reduce and abate homelessness and is a five-pronged approach, which includes:

- Planning and coordination
- Data collection
- Prevention
- Outreach and assessment
- Permanent supportive housing.⁵

PROPOSED GOALS AND ACCOMPLISHMENTS

Proposed accomplishments include the following:

- Increase the number of permanent supportive housing units (see Table 1A); currently there are 320 permanent supportive units for people with disabilities in the Brookline-Newton-Watertown Continuum of Care, 129 of which are targeted for homeless people. The Brookline-Newton-Watertown Continuum of Care has a goal of producing five year permanent supportive housing units a year during the FY06-10 Consolidated Plan period, resulting in an additional 25 units.
- Continue support for prevention and outreach and assessment programs. Prevention services include psychiatric crisis intervention, respite care, case management, financial assistance, relocation, legal service and eviction prevention. The goal is to maintain these resources and to continue to supplement them as gaps are identified.

⁵ Brookline in its plan details this five-pronged approach succinctly “Planning and coordination efforts by a recently created Planning Committee (of the Brookline-Newton-Watertown Continuum of Care) assisted by the City of Newton that has begun discussion with the MetroWest Consortium to develop a joint ten-year plan to end all homelessness, with a priority to ending chronic homelessness;

Data Collection through an annual point-in-time survey of sheltered and unsheltered homeless persons that has been critical in gathering information regarding disabilities and length of homelessness in order to better enumerate this subpopulation;

Prevention measures put in place to respond when disabled individuals are in crisis and risk of losing their housing, including psychiatric crisis intervention, short-term respite care; case management; financial assistance with rent and utility arrearages and relocation; legal services; eviction prevention; and stabilization services for those transitioning to housing;

Outreach, assessment and efforts to access mainstream resources by taking effective and proven methods and protocols being used by providers in some communities and replicating them... and

Permanent supportive housing is the Continuum’s greatest asset in preventing and reducing chronic homelessness....”

- Improve outreach, assessment and referral. Some COC communities have more developed street outreach to unsheltered homeless than others. Plans include other COC communities replicating the existing methods and protocols from more “experienced communities” to more effectively serve the unsheltered homeless.
- Strengthen the inclusionary zoning ordinance (Waltham).
- Create better linkages between homeless service providers and owners of permanent supportive housing to improve homeless persons’ access to existing housing. This will also generally include additional coordination of information on vacancies in permanent supportive housing.

OTHER SPECIAL NEEDS STRATEGIC PLAN

PRIORITY ANALYSIS

The Consortium-wide analysis of the supportive housing needs of the non-homeless special needs population indicates that there are extreme needs among the elderly and frail elderly populations both as to the cost of homeownership and rental housing and as to services which will enable these populations to age in place. Housing cost burden is particularly acute in the lower-income elderly and frail elderly populations (e.g. those households at or below 30 percent of median income and those households between 31 and 50 percent of median income) given that often those individuals are on fixed incomes such as Social Security. Also contributing to the high priority of the needs of the elderly and frail elderly is the size of these populations in many Consortium communities and the fact that many elderly, because of cost and also choice, are remaining in their current housing and aging in place.

The Consortium-wide analysis additionally indicates that there is a priority to provide more affordable supportive housing and supportive services to persons with disabilities, including developmental and physical disabilities and mental illness. These populations, like the elderly and frail elderly, as a consequence of their disabilities (although different in nature from those of the elderly) most often have extremely limited and fixed incomes so affordable housing is critical to their staying housed. A factor contributing to the need for affordable supportive housing is the ongoing deinstitutionalization of clients of the Department of Mental Health (DMH) and the Department of Mental Retardation (DMR).

The analysis finds that there are relatively few persons with HIV/AIDS in the Consortium communities and that generally, people with HIV/AIDS are able to locate housing on their own.

With respect to public housing residents, several communities identified resident initiatives which enable residents to become first-time homebuyers as a priority (Needham and Newton), and several communities identified the ongoing maintenance of the physical plant of public housing as important.

STRATEGY DEVELOPMENT

On a Consortium-wide basis, the objectives and strategies that have been identified to meet the highest priority needs enumerated above are the following:

Objective: To increase affordable housing opportunities for special needs populations, particularly elderly, frail elderly and persons with mental and physical disabilities

Strategies:

- WestMetro communities will relieve the cost burden resulting from the limited income of special needs populations through the legalization of accessory apartments, the identification of rental subsidies and the maintenance of zero percent rehabilitation programs for code improvements and barrier removal.
- WestMetro communities will increase affordable housing opportunities through new construction and the rehabilitation of existing housing for special needs populations, particularly the elderly and frail elderly.
- Several WestMetro Communities will continue implementation of public housing initiatives which enable public housing residents to become homeowners.

Objective: Support the adaptation of existing housing that enables the elderly and frail elderly to age in place

- Strategy:
- WestMetro communities will increase affordable housing opportunities through the rehabilitation of existing housing for special needs populations, particularly the elderly and frail elderly.
- Objective:
- Maintain, and where possible given available funding, increase the provision of an array of supportive services for special needs populations, including transportation, home health care, financial management, case management, etc. for special needs populations.
- Strategy:
- WestMetro communities will fund supportive service providers to enable special needs populations to remain housed, and in some instances, subsidize the operation of residential programs.

PROPOSED ACCOMPLISHMENTS

Proposed accomplishments include the following:

- Increase the number of affordable housing units for special needs populations (see attached Table 2A for Special Needs Populations).

PART IX

WESTMETRO HOME CONSORTIUM APPENDIX

**APPENDIX A
WESTMETRO HOME CONSORTIUM
TABLE 2A**

Priority Needs Summary Table—Special Needs Populations

Priority Housing Needs (households)		Priority Need Level High, Medium, Low	Unmet Need	Goals	
Renter	Small Related	0-30%			
		31-50%			
		51-80%			
	Large Related	0-30%			
		31-50%			
		51-80%			
	Elderly	0-30%			
		31-50%			
		51-80%			
	All Other	0-30%			
		31-50%			
		51-80%			
Owner	0-30%				
	31-50%				
	51-80%				
Special Needs		0-80%	H	1,957	458 units
Total Goals					458 units

APPENDIX B

HOUSING NEEDS TABLE 2A

Housing Needs Table				WestMetro HOME Consortium		
				Current % of House-holds	Current Number of House-holds	
<u>Housing Needs - Comprehensive Housing Affordability Strategy (CHAS) Data Housing Problems</u>						
Household Income <=30% MFI	Renter	Elderly	NUMBER OF HOUSEHOLDS	100%	5274	
			<u>Any housing problems</u>	53.4	2816	235
			<u>Cost Burden > 30%</u>	52.2	2753	
			Cost Burden >50%	34.0	1792	
		Small Related	NUMBER OF HOUSEHOLDS	100%	2712	
			With Any Housing Problems	75.6	2050	239
			Cost Burden > 30%	70.2	1905	
			Cost Burden >50%	57.7	1564	
		Large Related	NUMBER OF HOUSEHOLDS	100%	316	
			With Any Housing Problems	82.9	262	1
			Cost Burden > 30%	60.1	190	
			Cost Burden >50%	31.0	98	
		All other hshold	NUMBER OF HOUSEHOLDS	100%	4325	
			With Any Housing Problems	65.0	2813	51
			Cost Burden > 30%	64.2	2778	
			Cost Burden >50%	54.5	2358	
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	2914	
			With Any Housing Problems	86.4	2517	54
			Cost Burden > 30%	86.4	2517	
			Cost Burden >50%	64.2	1872	
		Small Related	NUMBER OF HOUSEHOLDS	100%	868	19
			With Any Housing Problems	82.4	715	
			Cost Burden > 30%	81.9	711	
			Cost Burden >50%	78.9	685	
		Large Related	NUMBER OF HOUSEHOLDS	100%	127	
			With Any Housing Problems	73.2	93	4
			Cost Burden > 30%	70.1	89	
			Cost Burden >50%	66.9	85	
		All other hshold	NUMBER OF HOUSEHOLDS	100%	914	
			With Any Housing Problems	81.8	748	31
			Cost Burden > 30%	81.4	744	
			Cost Burden >50%	70.1	641	

APPENDIX B

HOUSING NEEDS TABLE 2A

Household Income > 30 to <=50% MFI	Renter	Elderly	NUMBER OF HOUSEHOLDS	100%	2751	
			With Any Housing Problems	65.6	1805	210
			Cost Burden > 30%	65.1	1791	
			Cost Burden >50%	40.2	1106	
		Small Related	NUMBER OF HOUSEHOLDS	100%	2357	
			With Any Housing Problems	74.7	1761	264
			Cost Burden > 30%	69.1	1628	
			Cost Burden >50%	28.1	662	
		Large Related	NUMBER OF HOUSEHOLDS	100%	485	
			With Any Housing Problems	79.8	387	168
			Cost Burden > 30%	48.0	233	
			Cost Burden >50%	8.7	42	
		All other households	NUMBER OF HOUSEHOLDS	100%	2649	
			With Any Housing Problems	81.5	2159	75
			Cost Burden > 30%	79.3	2100	
			Cost Burden >50%	46.0	1218	
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	4175	
			With Any Housing Problems	56.2	2345	59
			Cost Burden > 30%	55.9	2335	
			Cost Burden >50%	24.1	1008	
		Small Related	NUMBER OF HOUSEHOLDS	100%	1159	
			With Any Housing Problems	82.7	959	34
			Cost Burden > 30%	81.0	939	
			Cost Burden >50%	60.8	705	
		Large Related	NUMBER OF HOUSEHOLDS	100%	295	
			With Any Housing Problems	84.4	249	5
			Cost Burden > 30%	79.3	234	
			Cost Burden >50%	61.4	181	
		All other households	NUMBER OF HOUSEHOLDS	100%	634	
			With Any Housing Problems	68.1	432	41
			Cost Burden > 30%	66.6	422	
			Cost Burden >50%	43.1	273	

APPENDIX B

HOUSING NEEDS TABLE 2A

Household Income >50 to <=80% MFI	Renter	Elderly	NUMBER OF HOUSEHOLDS	100%	1797	
			With Any Housing Problems	60.2	1082	55
			Cost Burden > 30%	58.3	1048	
			Cost Burden >50%	20.7	372	
		Small Related	NUMBER OF HOUSEHOLDS	100%	3290	
			With Any Housing Problems	54.0	1776	128
			Cost Burden > 30%	47.5	1564	
			Cost Burden >50%	10.3	340	
		Large Related	NUMBER OF HOUSEHOLDS	100%	592	
			With Any Housing Problems	65.5	388	30
			Cost Burden > 30%	35.8	212	
			Cost Burden >50%	0.0	0	
		All other hshold	NUMBER OF HOUSEHOLDS	100%	4176	
	With Any Housing Problems		58.6	2446	182	
	Cost Burden > 30%		56.7	2369		
	Cost Burden >50%		14.5	604		
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	4384	
			With Any Housing Problems	26.5	1160	27
			Cost Burden > 30%	26.5	1160	
			Cost Burden >50%	11.6	510	
		Small Related	NUMBER OF HOUSEHOLDS	100%	2266	
			With Any Housing Problems	68.2	1545	35
			Cost Burden > 30%	67.1	1521	
Cost Burden >50%			33.3	755		
Large Related		NUMBER OF HOUSEHOLDS	100%	713		
		With Any Housing Problems	66.8	476	17	
		Cost Burden > 30%	60.0	428		
		Cost Burden >50%	32.8	234		
All other hshold		NUMBER OF HOUSEHOLDS	100%	1244		
		With Any Housing Problems	61.9	770	150	
		Cost Burden > 30%	60.3	750		
		Cost Burden >50%	31.3	389		
		Total Any Housing Problem			2114	
		Total 215 Renter			1638	
		Total 215 Owner			476	
		Total 215			2114	

APPENDIX C

WESTMETRO HOME CONSORTIUM RESALE AND RECAPTURE PROVISIONS

Each WestMetro HOME Consortium member community that implements a homebuyer assistance program must adopt either resale or recapture provisions, in accordance with 24 CFR 92.254 (a), *Qualification as affordable housing: Homeownership*:

(5) Resale and recapture. To ensure affordability, the participating jurisdiction must impose either resale or recapture requirements, at its option. The participating jurisdiction must establish the resale or recapture requirements that comply with the standards of this section and set forth the requirements in its consolidated plan. HUD must determine that they are appropriate.

Resale or recapture provisions for members with a homebuyer assistance program are summarized below.

ADDI (American Dream Downpayment Initiative) Consortium-wide Provision

ADDI Funds Only (Recapture)

If ADDI funds only (no other HOME funds) are to be used for homebuyer assistance, ADDI funds advanced to a homeownership unit must be secured by a mortgage, note and deed restriction and must be repaid to the ADDI fund pool at the time of resale of the property by the homebuyer (repayment is to be of ADDI principal only).

ADDI Funds with HOME Funds

If the member has its own HOME-funded homebuyer program and is adding ADDI funds to finance a case with those HOME funds, the member should use the resale/recapture provisions for its HOME funded program (see below).

Brookline (Resale and recapture)

Brookline has three versions of resale provisions, all considered permanent. The first two pertain to the Town's Homebuyer Assistance Program, by which the Town provides up to \$75,000 to assist income eligible buyers to purchase a unit in the existing housing stock. The third pertains to new housing which is offered to buyers at affordable sales prices.

With regard to the homebuyer assistance program, the Town has two different agreements, one for buildings with 10 or more units, and one for smaller properties. In the case of smaller properties, when the owner sells the unit, the appreciation in price is shared (recapture) by the owner and Town in proportion to the equity each has contributed (down payment and principal for the former, subsidy for the latter). In the case of units in buildings with 10 or more units, the Town has the right, but not the obligation, to purchase or provide a purchaser for the property at the price at which the buyer originally purchased the property, adjusted by changes to Area Median Income between the date of the owner's purchase and sale of the property, plus an amount equaling the owner's share of the then existing condominium capital replacement reserve, plus up to one percent of the original sales price, for each full year of ownership, for

documented out-of-pocket costs of capital improvements, exclusive of any state, Federal or other grant programs which provided the funding for any capital improvement(s) (Resale). However, should the Town choose not to exercise this right, the Town and owner will share appreciation as described above.

With regard to new units offered at affordable prices, the Town's restrictive covenant restricts resale to program eligible households at a price representing the original price adjusted by changes in the Area Median Income, plus an amount equal to the owner's share of the then existing condominium capital replacement reserve. The Town has a right of first refusal. The restrictive covenant is secured by a mortgage; if terminated for any reason, the amount due is the difference between the market value and the maximum affordable sales price allowed by the covenant. (Resale)

The Town is considering adding, to future restrictions, the potential for charging a processing fee, to be added to the resale price, should such be necessary to assure the necessary support for monitoring turnover of ownership "in perpetuity".

In the case of all of the Town's restrictions, the Town also has a right to require sale of the property in the event that the owner is not complying with the restrictive covenant with regard to using the property as primary residence, staying current with mortgage, tax payments and condominium fees, etc.

Framingham (Resale)

The Town of Framingham will employ a resale restriction mechanism, a Deed Rider, that will promote achieve long term affordability for ensuing low and moderate income purchasers, of any property assisted through the HOME aided First Time Homebuyer Program. This resale requirement will ensure, if the housing does not continue to be the principal residence of the family for the duration of the period of affordability that the housing is made available for subsequent purchase only to a buyer whose family qualifies as a low-income family and will use the property as its principal residence.

The resale requirement will also ensure that the price at resale provides the original HOME-assisted owner a fair return on investment (including the homeowner's investment and any capital improvement) and provide that the housing will remain affordable to a reasonable range of low-income homebuyers.

The restrictions in the deed rider will run with the land. The affordability restrictions may terminate upon occurrence of any of the following events: foreclosure, transfer in lieu of foreclosure or assignment of an FHA insured mortgage to HUD. The Town will use purchase options and a right of first refusal to purchase the housing before foreclosure to preserve affordability. The affordability restrictions will be revived according to the original terms if, during the original affordability period, the owner of record before the termination event, obtains an ownership interest in the housing.

The restriction on the resale of the property must be accepted by formal agreement at the time of purchase. This is done (1) in recognition of the fact that the purchase of the property is affordable because the Town is providing a HOME funded "buy down subsidy" to make the purchase affordable; and (2) in the interest of keeping the property as affordable as possible to future low and moderate income owner households. The restriction will work as follows:

With the HOME funded “buydown subsidy,” the purchaser will be buying the property at less than the fully appraised initial market value at the time of purchase. The initial market value will be established by a professional appraiser as commissioned by the lender before the closing of the sale. The actual cost for which the property will sell, when divided by the fully appraised market value, yields the “Discount Rate.” The property can only be sold to eligible (low or moderate income) buyers for a “Maximum Resale Price” equal to the appraised fair market value of the property (said appraisal to be carried out at the expense of the owner, by an appraiser approved by the Town) at the time of resale, multiplied by the Discount Rate or, if there is no eligible purchaser who can qualify to purchase the property at the normal Maximum Resale Price, then to an eligible purchaser for a lesser, modified Maximum Resale Price. The modified maximum Resale Price equal to the amount for which defined as the amount equal to the purchase price for which a creditworthy Eligible Purchaser earning 80% of area median income or less could obtain mortgage financing. The Maximum Resale Price for which the owner can sell should, however, not be less than the purchase price which the owner paid for the property plus the separately appraised value of approved major capital improvements undertaken.

The Town will require notification by the HOME aided purchaser and will endeavor to find a eligible low or moderate income buyer or the Town will exercise a right of first refusal to purchase the property itself.

In simplified terms the program will use a discount rate in setting a resale price, or an alternative Maximum (Affordable) Resale Price, that uses approach indexing affordability to a household at 80% of median, not expending more than 30% of income on housing, etc. The Resale Price should not be less than original purchase price, paid by the owner plus the value (at time of appraisal) of approved major capital improvements.

The Town of Framingham will try to qualify purchases made through the HOME aided First Time Homebuyer as assisted housing units, as defined under what is known as the Massachusetts General Laws Chapter 40 B. The Town will seek to achieve this through having the units accepted through what is known as the Massachusetts Local Initiative Program (LIP) or some equivalent activity. The Town will thus employ an attached agreement or some variation thereof; as outlined in Attachment A.

As required under the ADDI statute, the Consortium will conduct targeted outreach to residents and tenants of public and manufactured housing and to other families assisted by public housing agencies. The Consortium will ensure the suitability of families receiving ADDI assistance to undertake and maintain homeownership by requiring ADDI families to complete a pre-purchase homebuyer education course and for participating agencies to provide post-purchase counseling. The Consortium will consider reasonable costs for homebuyer education and counseling as an allowable soft cost that can be paid by ADDI funds.

The Consortium will reach out to residents of public and manufactured housing by developing and sending promotional material to member communities’ public housing authorities, Citizens’ Housing and Planning Association, regional section 8 administrators, and the Massachusetts Nonprofit Housing Association. The Consortium will also utilize its website and publication server to further broadcast the availability of ADDI to potential beneficiaries.

Newton (Resale)

Newton has adopted a resale provision that is incorporated into its deed restriction. The deed restriction requires the following during the term of affordability:

- The buyer will use the property as its principal residence;
- The increase in sale price of the property is set as the same as the rate of increase of area median income (provides fair return on investment yet allows unit to remain affordable);
- A modest amount (no more than 1% per year) may be added to the sale price for documented out-of-pocket costs of improvements to the property (fair return on investment);
- The City will assist the seller to find an eligible buyer; and
- The City will exercise a right-of-first refusal, if an eligible buyer cannot be found.

Waltham (Recapture)

If the premises are sold, cease to be the Borrower's primary residence or there is any change in the title during the term of the Note, which commences on the date of this mortgage, the City will recapture the full HOME loan amount, or the net proceeds minus the Borrower's investment, if the net proceeds are less than the sum of the full amount of the HOME loan and the Borrower's investment.

The City specifically reserves the right to require full repayment, notwithstanding any deficiency in the amount of the net proceeds, in the event that repayment is triggered by a willful violation by the Borrower of the terms of the Note, or the Mortgage or any applicable HOME regulations. This recapture provision conforms to HUD HOME regulation 24 CFR 92.254 (a)(5)(ii). HUD defines the net proceeds as the sales price minus non-HOME loan repayments and closing costs. If the net proceeds are sufficient to repay both the HOME loan and the Borrower's investment (HUD defines Borrower's investment as the Borrower's down payment and any capital improvement investment), the City must recapture the full HOME loan. Please note, however, that when the net proceeds are insufficient to repay the full HOME assistance, the City will not permit the Borrower to recover more than his/her investment.

The Principal sum may be deferred annually by the City based upon annual review by the Lender of the Borrower's compliance with the terms of this Mortgage, the HOME Program and HOME Project funding agreement and the Promissory Note.

APPENDIX D

WESTMETRO HOME CONSORTIUM CITIZEN PARTICIPATION PLAN

The City of Newton, the lead entity for the WestMetro HOME Consortium, annually receives HOME Investment Partnerships Program (HOME) funds from U.S. Department of Housing and Community Development (HUD), which it administers on behalf of the WestMetro HOME Consortium member communities. The purpose of the HOME Program is to provide funds for a wide range of activities that create affordable housing opportunities for low- and moderate-income people. As a recipient of these formula grant funds, the HOME Consortium is required to produce the following documents:

- Consolidated Plan – a five-year plan that documents each community’s housing needs, outlines strategies to address those needs, and identifies proposed program accomplishments
- Annual Action Plan – an annual plan that describes specific HOME-funded projects that will be undertaken over the course of the upcoming fiscal year
- Consolidated Annual Performance and Evaluation Report (CAPER) – an annual report that evaluates the use of HOME funds

This Citizen Participation Plan has been developed to provide citizens and other interested parties with opportunities to participate in an advisory role in the planning, implementation and evaluation of the HOME program and to review and comment on each of the documents listed above.

Citizen participation ranges from conducting needs assessments and strategic planning to project selection, development, implementation and evaluation. The Citizen Participation Plan outlines the City’s responsibility for providing opportunities for active citizen participation. The goals of the Citizen Participation Plan are to:

- Encourage citizen participation by all residents of the Consortium-member communities, emphasizing the involvement of low- and moderate-income residents, people with disabilities, minorities and residents of assisted housing;
- Inform citizens of the Consolidated Plan and the Annual Action Plan, including funds available from the HOME program and eligible activities under the program;
- Give all citizens an opportunity to identify and respond to priority needs;
- Give all citizens an opportunity to identify and respond to priority proposed projects and the use of funds; and
- Give all citizens an opportunity to review and comment on program performance.

This is the overall Citizen Participation Plan for the WestMetro HOME Consortium. Member communities must meet the minimum requirements set forth herein. However, members are free to add opportunities for citizen participation beyond those required here.

Please note that the Consortium’s Consolidated Plan and subsequent Annual Action Plans will cover *only* housing planning and HOME programming for the Consortium member communities. The plans will also include Newton’s Community Development Block Grant (CDBG) and Emergency Shelter Grant (ESG) programs, as well as planning and programming for other programs. The other Consortium members will develop separate *non-housing plans*, as

appropriate, and these will be submitted to HUD with the Consortium Plan, but will be separate documents.

1. Process for Citizen Participation

Participation by citizens, agencies and other interested parties in the process of developing the Consortium's Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER will be encouraged by both the Consortium and by individual member communities. All meetings and draft public documents will receive the broadest possible circulation and notice to encourage participation, especially by residents in the lowest income brackets, by minorities and non-English speaking persons, as well as persons with mobility, visual or hearing impairments. Each member will work with its local public housing authority to encourage the participation of public and assisted housing residents.

Reasonable accommodations will be made for people with disabilities upon request. Language interpreters will be provided for non-English speaking participants upon advance request.

2. Public Hearings

Public participation will be provided at the following public hearings to be held by the Consortium before the Newton Planning and Development Board at Newton City Hall in an accessible location. Hearings may be combined; however, no less than two public hearings will be conducted during the program year.

- Proposed Citizen Participation Plan Public Hearing
- Proposed Housing Needs Public Hearing
- Proposed Housing Strategies Public Hearing
- Proposed Consolidated Plan/Annual Action Plan Public Hearing
- Annual performance public hearing for the proposed CAPER

In addition to the public hearings listed above, member communities will also conduct public hearings in their own community whenever a substantial change is proposed to the use of HOME Program funds from that which was listed in the Consolidated Plan or Annual Action Plan. Member communities shall give notice of the proposed change to the City of Newton, which will submit the required notification to HUD once the hearing has been held and the change has been approved.

A substantial change is defined, in accordance with 24 CFR 91.505(a), as:

- A substantial change in allocation priorities (any change greater than 25 percent in an individual project budget) or a substantial change in the method of distribution of funds;
- An activity (including those funded exclusively with program income) not previously covered by the Consolidated Plan or Annual Action Plan; or a
- Substantial change in the purpose, scope, location or beneficiaries of an activity.

In addition to public hearings for a substantial change, additional hearings may be held by Consortium member communities to solicit input on proposed Plans.

Citizens and other interested parties may present oral comments at the time of the hearing and/or submit written comments for 30 days after the public hearing for the proposed

Consolidated Plan and for 15 days after public hearings for the proposed Citizen Participation Plan, Annual Action Plan, CAPER and any substantial changes (may be waived in emergencies). The Consortium will consider the views of all citizens, organizations and agencies, and other interested groups in preparing the final Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER.

3. Notice of Meetings

Public notices for public hearings for the proposed Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER will be advertised in the following newspapers at least ten days prior to each hearing.

Newspaper

- Newton TAB
- Bedford Minuteman
- Belmont Citizen Herald
- Brookline TAB
- Framingham TAB
- Lexington Minuteman
- Lincoln Journal
- Natick Bulletin
- Needham Times
- Sudbury Town Crier
- Waltham News Tribune
- Watertown TAB & Press

Notices for the proposed Consolidated Plan, Annual Action Plan and CAPER will include a summary of the proposed document. Public notices for substantial changes will be advertised in the affected community's newspaper by the affected community at least ten days prior to the hearing.

Additionally, at a minimum, meeting notices for public hearings for the proposed Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER will be e-mailed or mailed to Planning and Development Board members and posted on the Public Notice Board and broadcast on the television monitor, both on the first floor of Newton City Hall. Notice will also be provided on the front page of the City of Newton's website in the City Calendar and listed in the Newton Planning and Development Department's weekly "Friday Report" which is e-mailed or mailed to more than 200 City officials, agency/organization representatives and residents. Notices will also be posted at the main library and branch libraries. Consortium member communities may supplement these outreach efforts.

4. Availability of the proposed Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER

Notice of the availability of the proposed Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER will be published in the newspapers listed above at least ten days prior to the public hearing. The notice will summarize the content and purpose of these proposed documents and will include a list of locations where copies of the documents may be examined. At a minimum, copies of the proposed Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER will be available in the Newton Housing and Community Development

Office and on the Housing and on the Community Development Division's section of the Newton Planning and Development Department's web page, located at <http://www.ci.newton.ma.us/planning/whatsnew.html>.

5. Access to Information

In addition to opportunities to make oral comments at public hearings before the Newton Planning and Development Board, any citizen, organization, agency or other interested party may submit written requests for information and submit written comments regarding the proposed Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER, and amendments to each, including the proposed use of funds and the benefit to low- and moderate-income residents. Copies of documents will be made available in other languages and/or in other formats (i.e. larger print) upon request. Documents from prior years will also be available upon request for at least the preceding five years.

Additionally, plans to minimize displacement and assist those displaced as a result of the activities in the Consolidated Plan and the Annual Action Plan are attached to this document.

6. Comments

Citizens, organizations, agencies and other interested parties are encouraged to submit their comments on the proposed Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER. All comment periods will begin the day of the public hearing held by the Newton Planning and Development Board. Minimum comment periods are listed below:

TYPE OF PUBLIC HEARING	COMMENT PERIOD
Consolidated Plan	30 calendar days
Annual Action Plan	15 calendar days
CAPER	15 calendar days
Substantial Changes	15 calendar days

The City of Newton, on behalf of the Consortium and working with member communities, will consider all comments in preparing its final Citizen Participation Plan, Consolidated Plan, Annual Action Plan and CAPER for submission to HUD, and will include a summary of all comments received and the actions taken to address each comment.

Comments may be submitted via mail, e-mail or fax to:

Dee Spiro, Community Development Senior Planner
Newton Housing and Community Development Program
Planning and Development Department
1000 Commonwealth Avenue
Newton, MA 02459
E-mail: dspiro@newtonma.gov, fax: 617-796-1142

7. Timely Response

The City of Newton, on behalf of the Consortium and working with member communities, will respond in writing within 15 days to any written comments, questions or complaints received regarding the Consolidated Plan, Annual Action Plan, CAPER or the HOME Program in general.

8. Technical Assistance

Upon request, Consortium staff will provide technical assistance to groups representing low- and moderate-income persons to develop funding requests for HOME-eligible activities.

9. Use of the Citizen Participation Plan

The City of Newton and the HOME Consortium member communities will be required to adhere to this Citizen Participation Plan, once adopted, as the official mechanism for obtaining citizen input into the Consolidated Plan process and during the administration of the HOME Program covered by this Plan.

10. Jurisdiction Responsibility

The requirements for citizen participation shall not restrict the responsibility or authority of the City of Newton or the HOME Consortium member communities for the development and execution of the Consolidated Plan for the WestMetro HOME Consortium.

WESTMETRO HOME CONSORTIUM ANTI-DISPLACEMENT AND RELOCATION PLAN

Permanent Relocation

It is the policy of the City of Newton Community Development Block Grant (CDBG) and HOME Investment Partnerships (HOME) programs and the WestMetro HOME Consortium to take all reasonable steps to minimize displacement as a result of CDBG- and HOME-assisted projects, including:

- Considering whether displacement will occur during feasibility determinations
- Identifying potential relocation workload and resources early
- Assuring, whenever possible, that residential occupants of buildings rehabilitated are offered an opportunity to return
- Planning rehabilitation projects to include “staging” where this would eliminate temporary displacement
- Following notification procedures carefully so that families do not leave because they are not informed about planned projects or their rights

When a project does require relocation, in order to ensure the timely issuance of information notices to displaced households, etc., staff of the City of Newton Housing and Community Development Division or of the WestMetro HOME Consortium member communities will ensure that all notices are sent in compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA).

Temporary Relocation

Temporary relocation often occurs as the result of lead abatement and other rehabilitation activities in renter- and owner-occupied units. Although the City of Newton Housing and Community Development Division is not required to, in most cases it pays for the temporary relocation of displaced renters and/or homeowners whose residences are being rehabilitated.

APPENDIX E

WESTMETRO HOME CONSORTIUM MONITORING POLICY

In order to ensure accountability, respond to community needs, and use HOME resources efficiently and effectively, the WestMetro HOME Consortium is committed to the following comprehensive monitoring plan.

MONITORING OBJECTIVES AND STRATEGY

Overall monitoring objectives of the WestMetro HOME Consortium monitoring plan include:

- Identifying and tracking program and project results
- Identifying technical assistance needs of Member communities, CHDOs and subrecipient staff
- Ensuring timely expenditure of HOME funds
- Documenting compliance with Program rules
- Preventing fraud and abuse
- Identifying innovative tools and techniques that support affordable housing goals

To ensure an appropriate level of staff effort, the Consortium's monitoring strategy will involve a two pronged approach: Ongoing monitoring and on-site monitoring.

ONGOING MONITORING

Ongoing monitoring must occur for all HOME-assisted activities each program year. Basic ongoing monitoring involves conducting periodic reviews of activities to:

- Ensure regulatory compliance
- Track program performance

For all developers, sponsors, and contractors receiving HOME funds for projects:

- The organization will be required to submit periodic progress reports to Consortium member's staff about its activities.
- The member's agreement with the organization will identify the format and frequency of project or program-related reports.
- Member monitoring staff will follow the progress of the organization's project to ensure that deadlines are being met and that eligible costs are being submitted for work completed.

For Consortium Members:

- It is important for the Consortium Administrator's monitoring staff to examine the member's progress in designating HOME funds to eligible projects.
- If members are slow in setting up projects or in drawing down HOME funds, Consortium Administrator's monitoring staff will contact the organization to discuss the reasons for the slow progress.
- If Consortium Administrator's monitoring staff believes a member may not be able to commit and spend its HOME funds within the period of the HOME Agreement, an on-site review may be needed.
- If it is determined that HOME funds will not be drawn down, the Consortium Administrator's staff can take steps to reprogram the funds to another entity, in accordance with the Consortium's Administrative Guidelines.

Consistent use of the Consortium's Project and IDIS Setup and Completion forms, and Project and CHDO Records checklists will pave the way for a smooth monitoring visit.

ON-SITE MONITORING

On-site monitoring seeks to closely examine whether performance or compliance problems exist and identify the aspects of the program or project that are contributing to the adverse situation. The HOME Consortium member will use a risk factor analysis to target certain HOME program areas or organizations for in-depth monitoring each year.

During an on-site review, monitoring staff:

- Identify aspects of the program or project where the organization is performing well and poorly
- Assess compliance with program requirements
- Determine whether record keeping is adequate
- Prepare a report summarizing the results of the review
- Describe any required follow-up activity

Risk Factor Analysis

With limited staff and time resources, most Members cannot perform on-site reviews of all HOME-funded activities. Risk factor analysis will help to determine where member staff time and attention is best focused. More information on doing risk factor analysis can be found at <http://www.hud.gov/offices/cpd/affordablehousing/training/checkup/monitoring/assessingrisk.cfm>. A list of risk factors that may be considered is included at the end of this Plan.

On-Site Visit

Once the risk factor analysis has identified HOME-funded activities to be monitored, an on-site visit to the program or project will be scheduled to gather specific information and observe actual program elements. Using the monitoring checklists available on the HOME Monitoring Tools Website can help structure the on-site review. For more information, see: <http://www.hud.gov/offices/cpd/affordablehousing/training/checkup/performance/monitoringtools.cfm>.

Scheduling and Notification

On-site monitoring will be done when determined necessary by on-going monitoring. In addition, each Consortium member and the Consortium Administrator will do a risk analysis and subsequent on-site monitoring on an annual basis starting in the third quarter of the program year.

Member monitoring staff will contact the entity being monitored at least two weeks prior to the planned date of the on-site visit in order to schedule the monitoring review. Once the entity has been contacted and the actual dates are scheduled, monitoring staff will send a letter to the entity that confirms:

- The date and time of the visit
- The names of the staff conducting the site visit
- The elements of the program or project that will be monitored
- The files and records that will be reviewed
- The members of the organization who will be available for interviews

File Review

Before conducting the on-site visit, member monitoring staff will review the organization's:

- HOME application(s) and executed HOME Agreements
- Recent status reports

- Financial reports
- Any previous correspondence
- Reports from past on-site monitoring reviews

These items will be reviewed to:

- Assess progress
- Examine changes in activities
- Identify existing or potential problems
- Determine the elements of the HOME project to be given priority during the on-site review

Site Visit

Monitoring staff (member staff or Consortium Administrator staff) will gather information from a variety of sources and complete the following steps during the on-site review:

- Conduct an initial meeting with the executive director, program director or other official to explain the purpose and schedule for the review
- Interview members of the organization's staff to gather information about activities and performance
- Review additional materials provided by the entity to obtain more detailed information about the program or project
- Examine a sampling of files to verify the existence of required documentation and the accuracy of reports being sent to the member
- Visit a sampling of program sites (or the project itself) to confirm information contained in program files; this may also include interviewing residents
- Meet with local lending or other partners (if applicable)
- Conduct an exit conference with appropriate senior staff to discuss the preliminary conclusions of the review and identify any follow-up actions necessary

Completion of the Site Visit

After visiting the project site, monitoring staff will complete the following steps:

- Properly record the results of the review
- Fill out all applicable checklists and document with clear notes
- Attach to the checklists all documentation required to support conclusions from the review
- Place the checklists and documentation in the HOME monitoring file for that organization
- Meet with member program staff to review the findings of the monitoring visit and agree on a course of action
- Issue a written monitoring report (copies to the monitored activity's agency and the Consortium Administrator) detailing findings and any required course of action and place in the activity's monitoring file.

Risk Factors for Poor Performance or Compliance Violations

Previous Monitoring Results

- Recurring problems identified during monitoring;
- Inability to clear outstanding issues;
- Poor implementation of actions to correct past findings;
- Not monitored recently; and
- New subrecipient.

Recent Problems

- Letters of complaint;
- Inaccurate/incomplete and late project submissions or progress reports;
- Audit findings or no audit conducted;
- Failure to meet agreed-upon schedules;
- Failure to comply with provision(s) of HOME agreement; and
- Poor performance/compliance in other programs administered by agency.

Project-Specific Factors

- Large number of units;
- Inexperienced developer;
- Inexperienced general contractor; and
- Multiple funding sources.

Program Performance/Local Capacity

- No previous experience with this activity;
- Past difficulties in carrying out this type of activity;
- Low productivity or unusually high productivity without explanation;
- Low-quality program documentation;
- Lack of progress in spending HOME funds
- Staff turnover/inexperienced staff;
- Change in agency or program leadership;
- Significant change in goals and direction of administering agency; and
- Poor quality business plan.

Program Complexity

- Large amount of HOME funds awarded;
- Large number of projects;
- Use of several contractors;
- Projects involving multiple transactions and several parties;
- Programs that add a number of local conditions or preferences; and
- Large number of local lending partners or other funding sources.